B23000000058

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
.: Copies Certificates of Status
at Instructions to Filing Officer:

Office Use Only



200402807192

2023 Ec. 5 | 1. 6: 1.

DIVIS CARE FLOR

2023 FEB 2 | PM **3: |**

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

02/21/2022

Da	ate:	02/21/2022	- 4: CDW
		Acc#I20160000072	4 : () = V
Name:	Prime Rock	SLSS 1, LP	
Document #:			
Order #:	14793058 -	6	
Certified Copy of Arts & Amend:			
Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	
Filing: 🗸	Certified:		Email Address for Annual Report Notification
	Plain: COGS:		AMignogna@primerockencap.com
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$		
		(Thank you!)	

COVER LETTER

The second second

TO:	Registration Section Division of Corporations			
SUBJI	Prime Rock SLSS 1, LP			
30001	Name of Foreign Limited Partn	nership or Limited Liability	Limited Partnership	
partner	closed application, certificate of status and fe ship to transact business in Florida. return all correspondence concerning this ma		a foreign limited partnership or limited liability lim	tec
	Contact Person			
	Firm/Company			
	Address			
	City, State and Zip Code			
AMig	nogna@primerockencap.com			
E-ma	ail address: (to be used for future annual repor	rt notification)		
For fu	ther information concerning this matter, pleas	se call:		
		at ()		
	Name of Contact Person	Area Code and Dayti	me Telephone Number	
Enclos	ed is a check for the following amount:			
/ /(5 5	100,00 Filing Fee	□\$1,052.50 Filing Fees and Certified Copy	□\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi The C	Address: tration Section on of Corporations lentre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

(Name of Limited Partnership or Limited Liabi Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:		_
If name unavailable, name under which the limited partner business in Florid	ship or limited liability limited partnership proposes to rate a; must contain acceptable suffix.	egister to transact
2. Delaware	3 February 16, 2023	
State or Country of Formation	Date of Formation	_
4. Federal Employer Identification Number 92-2415	474	
5. Name of Registered Agent for Service of Process and PRIME ROCK ENERGY CAPITAL, LLC	Florida Street Address:	
2755 East Oakland Park Blvd Ste 200		
Ft. Lauderdale, FL 33306		
of all statutes relative to the proper and complete neffort	agide to act in this capacity. I further agree to comply wante of my duties, and I am familiar with and accept the	with the provision ne obligations of
of all statutes relative to the proper and complete defform my position as registered agent. Signature	murke of my duties, and I am familiar with and accept the restriction of the restriction	ne obligations of
of all statutes relative to the proper and complete defform my position as registered agent. Signature 7. Principal Office:	merce of my duties, and I am familiar with and accept the of Registered Agent 8. Mailing Address:	ne obligations of
of all statutes relative to the proper and complete defformy position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200	re of my duties, and I am familiar with and accept the re of Registered Agent 8. Mailing Address: P.O. Box 508	ne obligations of
of all statutes relative to the proper and complete defform my position as registered agent. Signature 7. Principal Office:	merce of my duties, and I am familiar with and accept the of Registered Agent 8. Mailing Address:	ne obligations of
of all statutes relative to the proper and complete defformy position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200	re of my duties, and I am familiar with and accept the re of Registered Agent 8. Mailing Address: P.O. Box 508	ne obligations of
of all statutes relative to the proper and complete defformy position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200	Registered Agent 8. Mailing Address: P.O. Box 508 Wayne, PA 19087	ne obligations of
of all statutes relative to the proper and complete defform my position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306	Registered Agent 8. Mailing Address: P.O. Box 508 Wayne, PA 19087	ne obligations of 2023 Fin 21 111 5: 1
of all statutes relative to the proper and complete defform my position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306 9. If limited partnership is a limited liability limited part 10. Name, principal office address, and mailing address Prime Peak SLSS LGP LLC	Te of Registered Agent 8. Mailing Address: P.O. Box 508 Wayne, PA 19087 thership, check box. of each general partner:	ne obligations of 2023 Firm 21 119
of all statutes relative to the proper and complete defformy position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306 9. If limited partnership is a limited liability limited partnership is a ddress, and mailing address Name of General Partner: 2755 East Oakland Park Blvd Ste 200	re of my duties, and I am familiar with and accept the Registered Agent 8. Mailing Address: P.O. Box 508 Wayne, PA 19087 thership, check box. of each general partner: Name of General Partner:	ne obligations of 2023 Fin 21 11 9: 19
of all statutes relative to the proper and complete defformy position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306 9. If limited partnership is a limited liability limited partnership is a ddress, and mailing address Name of General Partner: Prime Rock SLSS 1 GP, LLC	Registered Agent 8. Mailing Address: P.O. Box 508 Wayne, PA 19087 thership, check box. of each general partner: Name of General Partner:	ne obligations of 2023 Fin 21 11 9: 19
of all statutes relative to the proper and complete difference my position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306 9. If limited partnership is a limited liability limited part 10. Name, principal office address, and mailing address Name of General Partner: Prime Rock SLSS 1 GP, LLC 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306 P.O. Box 508	The of my duties, and I am familiar with and accept the second Registered Agent 8. Mailing Address: P.O. Box 508 Wayne, PA 19087 Intership, check box. of each general partner: Name of General Partner: Street Address:	ne obligations of 2023 Fin 21 111 5: 19
of all statutes relative to the proper and complete deformy position as registered agent. Signature 7. Principal Office: 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306 9. If limited partnership is a limited liability limited part 10. Name, principal office address, and mailing address Name of General Partner: Street Address: 2755 East Oakland Park Blvd Ste 200 Ft. Lauderdale, FL 33306	The of my duties, and I am familiar with and accept the second Registered Agent 8. Mailing Address: P.O. Box 508 Wayne, PA 19087 Intership, check box. of each general partner: Name of General Partner: Street Address:	ne obligations of

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 Note: If the date inserted in this block does not mee document's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed as the stee s records.
Florida Department of State, by the Secretary of State law of which it is organized.	nticated, not more than 90 days prior to the delivery of this application to the ate or other official having custody of the entity's records in the jurisdiction under
Signed this day of	Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRIME ROCK SLSS 1, LP" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202753395

Date: 02-21-23