B23000000207

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only



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2023 JUN 21 AH IO: 39
SECRETARY OF STATE
LATE SHARES OF COMPANY

APPROVED AND FILED

SECRET AL OF STATE
RALLAHASSEE FILORINA

RECEIVED.

JUN 21 2023 K. Brumbi⊕y



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 06/21/23

Order #: 1227639-13

Re: Mast Co-Invest Partners Iii, LP

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1000.00 - FL State Account Number:

nelleran

12000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mast Co-Invest Partners III, LP		
	Partnership or Limited I	Liability Limited Partnership
The enclosed application, certificate of status an partnership to transact business in Florida. Please return all correspondence concerning this		to register a foreign limited partnership or limited liability limited
Jordan Kornberg		
Contact Person		—
Mast GP Partners III, LLC		
Firm/Company		_
2601 S. Bayshore Drive, Ste. 850		
Address	<u> </u>	-
Miami, FL 33133		
City, State and Zip Code		
cnazarkewich@mastcapital.com		
E-mail address: (to be used for future annual r	eport notification)	_
For further information concerning this matter, p	please call:	
Carol Nazarkewich	305	531-2426
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amount:		
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fee and Certificate of Status		
Mailing Address:		Street Address:
Registration Section		Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. Mast Co-Invest Partners III, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 2 Delaware 3 06/08/2023 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 93-1865681 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar with and accept the obligations of my position as registered agent. Eyluna Olher Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 2601 S. Bayshore Drive 2601 S. Bayshore Drive Suite 850 Suite 850 Miami, FL 33133 Miami, FL 33133 9. If limited partnership is a limited liability limited partnership, check box. \Box 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: ___ Mast GP Partners III, LLC _____ Name of General Partner:___ 2601 S. Bayshore Drive, Ste. 850 Street Address: ____ Street Address: _____ Miami, FL 33133 Mailing Address:_____ Mailing Address:____ Name of General Partner:______ Name of General Partner:______ Street Address: _____ Street Address: _____ Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General	neral Partner: Name of General Partner:	
Street Address:		Street Address:
Mailing Address		Mailing Address:
(Effective date canno Note: If the date inse document's effective 12. Attached is a cert Florida Department of the law of which it is	rted in this block does not meet the appli date on the Department of State's record ificate of existence duly authenticated, no of State, by the Secretary of State or other organized.	the date this document is filed by the Florida Department of State.) cable statutory filing requirements, this date will not be listed as the ls. of more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under
	1 1	re of a general partner
The individual signing submitted in a docum	g this document affirms that the facts sta ent to the Department of State constitute	ted herein are true and the individual is aware that false information s a third degree felony as provided for in s.817.155, F.S.
Cei	ing Fees: rtified Copy (optional): rtificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "MAST CO-INVEST PARTNERS III, 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 JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAST CO-INVEST PARTNERS III, LP" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2023.

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

Authentication: 203591680

Date: 06-21-23