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D	ate:	08/22/2023	<u> </u>	NII
		Acc#I20160	0000072	4: DW
Name:	Victor Ca	oital Partners M	anagemer	nt Company, LP
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Thank you!

COVER LETTER

Registration Section Division of Corporations

TO:

Tallahassee, FL 32301

SUBJECT: Victor Capital Partners Management C	lompany, LP	
Name of Foreign Limited Partr	nership or Limited	I Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		to register a foreign limited partnership or limited liability limited
Douglas Korn		
Contact Person		_
Victor Capital Partners		
Firm/Company		_
2385 NW Executive Center Drive, Suite 240		
Address		_
Boca Raton, FL 33431		
City, State and Zip Code		_
dkorn@victorcapitalpartners.com		
E-mail address: (to be used for future annual repo	rt notification)	_
For further information concerning this matter, plea	se call:	
Douglas Korn	at (212	202-3340
Name of Contact Person	_ \ 	and Daytime Telephone Number
Enclosed is a check for the following amount:		
S1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	s 🛛 \$1,052.50 I and Certific	Filing Fees S1,061.25 Filing Fee, ed Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING AI Registration So Division of Co P. O. Box 6327 Tallahassee, Fl	ection rporations

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

Victor Capital Partners Management Company, 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. Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 93-1573126 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby 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 duties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System Stephanie Hencz, Assistant Secretary Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 2385 NW Executive Center Drive, Suite 240 2385 NW Executive Center Drive, Suite 240 Boca Raton, FL 33431 Boca Raton, FL 33431 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Victor Capital Partners Management Company GP, LLC Name of General Partner: Name of General Partner: 2385 NW Executive Center Drive, Suite 240 Street Address: Street Address: Boca Raton, FL 33431 2385 NW Executive Center Drive, Suite 240 Mailing Address: Mailing Address: Boca Raton, FL 33431 Name of General Partner:______ Name of General Partner:_____ Street Address: Street Address: Mailing Address: _____ Mailing Address: _____

Name of Gene	ral Partner:			Name of Genera	l Partner:
Street Address	:			Street Address:	
Mailing Addre	:ss:			Mailing Address	s:
(Effective date can Note: If the date is document's effecti 12. Attached is a c	mot be prior to nserted in this b ive date on the certificate of ex	nor more than block does not Department of istence duly as	n 90 days after meet the appl f State's recor- uthenticated, r	icable statutory filing req ds. not more than 90 days pri	is filed by the Florida Department of State.) quirements, this date will not be listed as the or to the delivery of this application to the of the entity's records in the jurisdiction under
the law of which is		He Secretary o	i state of othe	i official having custody	of the charty 3 records in the jurisdiction under
Signed this	17th	day of	August	20	
Victor Capital Part By: Victor Capital I Its: General Partne	ners Managemen Partners Managei	t Company, LP ment Company (GP, LLC		
The individual sig submitted in a doc	ning this docur	nent affirms the	hat the facts st State constitut	ated herein are true and t les a third degree felony a	he individual is aware that false information as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):				\$1,000.00 (\$965 Filing \$52.50 \$8.75	g Fee and \$35 Registered Agent Fee)

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "VICTOR CAPITAL PARTNERS MANAGEMENT

COMPANY, 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 AUGUST,

A.D. 2023.

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

Authentication: 204008529

Date: 08-21-23