Florida Department of State

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FLORIDA/FOREIGN LP/LLLP SMH Voloridge Holdings, LP

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NCT 25 2023

K. Brumbley

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

SMH Voloridge Holdings, LP (Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	ty Limited Partnership, which must include suffix) p. Limited, L.P., LP, or Ltd. imited Liability Limited Partnership, L.L.P. or LLLP	-	
If name unavailable, name under which the limited partners business in Florida;	hip or limited liability limited partnership proposes to a nust contain acceptable suffix.	egister to transact	
₂ DE	3. August 31, 2023		
State or Country of Formation	Date of Formation	_	
4. Federal Employer Identification Number: 93-3343771			
5. Name of Registered Agent for Service of Process and Fl	lorida Street Address:		
Mark M. Kamp			
10 Front Street, Suite 400			
Jupiter, FL 33477			
6. I hereby accept the oppointment as registered agent and a of all statutes relative to the proper and complete performing position as registered agent. Signature	ance of my duties, and I am familiar with and accept to	he obligations of	
7. Principal Office:	8. Malting Address:		
110 Front Street, Suite 400	110 Front Street, Suite 400	20	
Jupiter, FL 33477	Jupiter, FL 33477	230	3.
		2023 OCT 2	
9. If limited partnership is a limited liability limited parts	nership, check box. 🗆	· •	
10. Name, principal office address, and mailing address o	of each general partner;	PH 12: 1	;
Name of General Partner: SMH Blackbox Holdings, LLC	Name of General Partner:		
Street Address: 110 Front Street, Suite 400 Jupiter, FL 33477	Street Address:	0	
Mailing Address: 110 Front Street, Suite 400	Mailing Address:		
Mailing Address:			-
Mailing Address: Jupiter, FL 33477			_
-			- •
Jupiter, FL 33477	Name of General Partner:		
Jupiter, FL 33477 Name of General Partner:	Name of General Partner: Street Address:		

Page 1 of 2

Name of General Partner:		Name of General Partner:	Name of General Partner:	
Street Addr	(ess:		Street Address:	
Mailing Ad	dress:		Mailing Address:	
(Effective date of Note: If the date document's effective and the date document's effective and the date of the da	cannot be prior to e inserted in this ective date on the a certificate of ex-	block does not meet the Department of State's re sistence duly authenticate the Secretary of State or	ofter the date this document is filed by the applicable statutory filing requirements, this	is date will not be listed as the
			20 ²³ cbox Holdings, LLC	
		SMH Black	cbox Holdings, LLC	
				•
		By: Scan F	layes, Authorized Representative	
The individual so submitted in a do	igning this docu coument to the D	ment affirms that the faci department of State const	s stated herein are true and the individual i itutes a third degree felony as provided for	is aware that false information in s.817.155, F.S.
		y (optional): Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 F \$52.50 \$8.75	Registered Agent Fee)

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SMH VOLORIDGE HOLDINGS, 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 NINETEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMH VOLORIDGE HOLDINGS, LP" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

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

Authentication: 204412081

Date: 10-19-23

7653381 8300 SR# 20233773560