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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Codifical Conice Codificates of Conve |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2023 OCT 27 AM II: 55 SECOLUATE OF STATE

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OCT 27 2023 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Reference a | ±:2157296 | |
|-------------|---------------------------------|---------------------------|
| | | STMENT MANAGEMENT, L.P. |
| ✓ Artic | les of Incorporation/Authorizat | tion to Transact Business |
| Ame | ndment | |
| ☐ Char | nge of Agent | |
| Rein | statement | |
| Conv | version | |
| ☐ Merg | ger | |
| ☐ Diss | olution/Withdrawal | |
| ☐ Fictit | ious Name | |
| Othe | r | |
| | | |
| Authorized | Amount: \$1000.00 | |

F: 800.944.6607

F: +852.2682.9790

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

| 1. Arpeggio Investmer (Name of Limited Partnership or Limited Liabi Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: | ility Limited Partne hip, Limited, L.P., LI | rship, which must include suffix) P, or Ltd. | - | | |
|--|--|--|------------------|----------|--|
| If name unavailable, name under which the limited partne business in Floric | rship or limited liabil la; must contain acce | | – register to | transact | |
| 2. Delaware | 3. | May 11, 2023 | | | |
| State or Country of Formation | | Date of Formation | _ | | |
| 4. Federal Employer Identification Number. 93-2638586 | 5 | | | | |
| 5. Name of Registered Agent for Service of Process and | Florida Street Addı | ress: | | | |
| Cogency Global Inc. | | | | | |
| 115 N Calhoun Street, Ste 4 | | | | | |
| Tallahassee, FL 32301 | | | | | |
| 6. I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete performy position as registered agent. By: /s/ Ken | | and I am familiar with and accept t | he obligat | | |
| Signatu | ire of Registered Ag | ent | 2023 OCT 27 | | |
| 7. Principal Office: | 8. Mailing Addr | 8. Mailing Address: | | 2 | |
| 17011 Wandering Wave Ave. | 17011 Wanderin | 17011 Wandering Wave Ave. | | | |
| Boca Raton, FL 33496 | Boca Raton, FL | Boca Raton, FL 33496 | | | |
| | | ; | <u>:</u> ک | | |
| 9. If limited partnership is a limited liability limited pa | rtnership, check box | <u> </u> | ÷ = | | |
| 10. Name, principal office address, and mailing address | s of each general pa | rtner; | | | |
| Name of General Partner: Arpeggio GP, LLC | Name of (| General Partner: | | | |
| Street Address: 17011 Wandering Wave Ave. | Street Add | dress: | | | |
| Boca Raton, FL 33496 | | | | | |
| Mailing Address: | Mailing A | ddress: | | | |
| Name of General Partner: | Name of C | General Partner: | | | |
| Street Address: | Street Add | Street Address: | | | |
| Mailing Address: | Mailing A | d dr ess: | | | |

| Name of General Partner: | | | Name of General | Partner: | |
|--------------------------|------------------------------------|------------------------------|----------------------|---|--|
| Street Address: _ | | | Street Address: | | |
| Mailing Address: | | - | Mailing Address | : | |
| Note: If the date inser | | not meet the applicable s | | s filed by the Florida Department of State.) uirements, this date will not be listed as the | |
| | f State, by the Secretary | | | or to the delivery of this application to the of the entity's records in the jurisdiction under | |
| Signed this 25th | day of _ | October | 20 _23 | _ | |
| | ı | By: Matthew Linton, Managing | | | |
| | | Signature of a | general partner | | |
| | | s that the facts stated her | rein are true and th | ne individual is aware that false information s provided for in s.817.155, F.S. | |
| | ng Fees: tified Copy (optional) | | - | Fee and \$35 Registered Agent Fee) | |

Page 2 of 2

\$8.75

Certified Copy (optional): Certificate of Status (optional):

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARPEGGIO INVESTMENT MANAGEMENT, L.P."

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-FIFTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARPEGGIO INVESTMENT MANAGEMENT, L.P." WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2023.

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

Authentication: 204444792

Date: 10-25-23