

B23000000362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

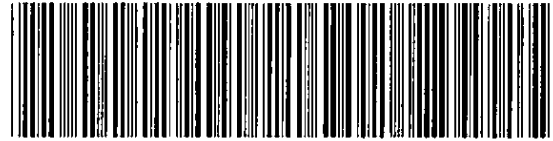
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/05/23--01018--012 **1061.25

2023 OCT -5 PM 1:49
FILED
AND
PROVETL

NOV 01 2023
K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANGROVE EQUITY PARTNERS, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

ERIK VOSATKA

Contact Person

MANGROVE EQUITY PARTNERS, LP

Firm/Company

101 S. FRANKLIN ST, STE 205

Address

TAMPA, FL 33602

City, State and Zip Code

EVOSATKA@MANGROVEEQUITY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK VOSATKA

at (813) 868-4500

Name of Contact Person

Area Code 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 Fees
and Certificate of
Status
- \$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

Street Address:

Registration Section
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. MANGROVE EQUITY PARTNERS, 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. DE

State or Country of Formation

3. 08/01/2007

Date of Formation

4. Federal Employer Identification Number: 26-0638088

5. Name of Registered Agent for Service of Process and Florida Street Address:

EDWIN M. YOUNG

101 S. FRANKLIN ST, STE 205

TAMPA, FL 33602

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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

7. Principal Office:

101 S. FRANKLIN ST, STE 205

TAMPA, FL 33602

8. Mailing Address:

101 S. FRANKLIN ST, STE 205

TAMPA, FL 33602

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9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: MEP MANAGEMENT, INC.

Name of General Partner:

Street Address: 101 S. FRANKLIN ST, STE 205

Street Address:

TAMPA, FL 33602

Mailing Address: 101 S. FRANKLIN ST, STE 205

Mailing Address:

TAMPA, FL 33602

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

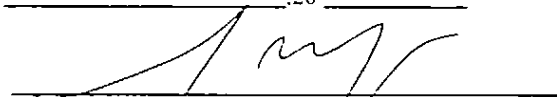
11. Effective date, if other than the date of filing: 9/30/2023

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this Twenty-second day of September, 2023



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

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MANGROVE EQUITY PARTNERS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.


THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF LIMITED PARTNERSHIP, FILED THE THIRTY-FIRST DAY OF JULY, A.D. 2007, AT 2:04 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED PARTNERSHIP, "MANGROVE EQUITY PARTNERS, L.P.".

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




Jeffrey W. Bullock, Secretary of State

4399054 8310

SR# 20233526483

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204198416

Date: 09-19-23