(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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(Business Entity Name)
(Business Entity Name)
(Submission Finally Frame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700421675887

FEB 0 1 2024

K. Brumbley





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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	02/01/2024					
	Patrice Rush					
	2248809					
		APITAL MANAGEMENT LP				
✓ Article	es of Incorporation/Author	ization to Transact Business				
Amen	dment					
Chan	ge of Agent					
Reins	tatement					
Conversion						
☐ Merge	er					
Disso	lution/Withdrawal					
Fictition	ous Name					
Other						
Authorized A	mount: \$1000.0	0				
Signature:	(Past)					

F: 800.944.6607

COVER LETTER

то:	Registration Section Division of Corporations				
ar a	Obion (Capita	al Management L	Р	
SUBJ	ECT:Name of Foreign Limited Part				Limited Partnership
partne:	closed application, certificate of status and firship to transact business in Florida. return all correspondence concerning this m			ster :	a foreign limited partnership or limited liability limited
	Randolph Ford				
Contact Person					
	c/o Schulte Roth & Zabel LL	>			
	Firm/Company				
	919 Third Avenue				
	Address				
	New York, New York 10022				
	City, State and Zip Code				
	Keith@obioncapital.com				
E-ma	ail address: (to be used for future annual repo	rt not	ification)		
For fu	rther information concerning this matter, plea	ıse ca	II:		
Keith Weiner			305		317-5050
Name of Contact Person		<u>_</u>	at () Area Code and D		me Telephone Number
Enclos	ed is a check for the following amount:				
(\$9	000.00 Filing Fee 065 Filing Fee and and Certificate of 5 Registered Agent Status e)		\$1,052.50 Filing Fe and Certified Cop		□\$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		Re Div The	gist visio e Co	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Obion Capital Management 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. Delaware State or Country of Formation **Date of Formation** 4. Federal Employer Identification Number 5. Name of Registered Agent for Service of Process and Florida Street Address: Cogency Global Inc. 115 North Calhoun Street, Suite 4 32301 Tallahassee, Florida 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 Petrona Varela my position as registered agent. Assistant Secretary Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 3480 Main Highway, 5th Floor Miami, FL 33133 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Obion Capital GP LLC Name of General Partner: Name of General Partner: 3480 Main Highway, 5th Floor 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: _____

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	iling: Upon Filing
 (Effective date cannot be prior to nor more t 	an 90 days after the date this document is filed by the Florida Department of State.) It meet the applicable statutory filing requirements, this date will not be listed as the
	authenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under
Signed thisday of	January ,20 24
Obion Capital Management I.P By: Obion Capital GP LLC, its general partner By: David Hobbs, its member	David Holes Signature of a general partner
	that the facts stated herein are true and the individual is aware that false information. State constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional) Certificate of Status (opt	

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 "OBION CAPITAL MANAGEMENT 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OBION CAPITAL MANAGEMENT LP" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2023.

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

Authentication: 202712037

Date: 01-31-24