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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 : (800)221-0102

Fax Number

Email Address:___

: (800)944-6607

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

nyc.corporders@cogencyglobal.com

FLORIDA/FOREIGN LP/LLLP C/M Capital Partners, LP

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COVER LETTER

TO:	Registration Section Division of Corporations				•	
C/M Capital Partners 11						
300	SUBJECT: Name of Foreign Limited Partnership or Limited Li				nited Partnership	
partne	nclosed application, certifier rship to transact business in r return all correspondence c	Florida.		register a fe	oreign limited partnership or	limited liability limited
	Rand	olph Ford				
	Conta	et Person		-		
	c/o Schulte R	loth & Zabel LLP				
	Firm/	Company		•		
	919 Th	ird Avenue				
	Λ	ddress		•		
	New York, N	lew York 10022				
-	City, State	and Zip Code		-		
	· · · · · · · · · · · · · · · · · · ·	ercerstcap.com				
E-m	ail address: (to be used for f	uture annual report no	tification)	-		
For fu	rther information concerning	g this matter, please ca	all:			
	Jonathan Juch	no at	646	,	401-4216	
	Name of Contact Person			d Daytime	Telephone Number	
Enclo	sed is a check for the follow	ing amount:				
(\$ \$3		Certificate of	S1.052.50 Filin and Certified		IS1.061.25 Filing Fee, Certified Copy, and Certificate of Status	
	Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231			Division The Cent 2415 N. i	Iress: ion Section of Corporations are of Tallahassee Monroe Street, Suite 81 see, FL 32303	0

From: Ashley Capin

Fax: 16465129566

To: Ft. Drv. of Corporations DocuSign Envelope ID: 04C242F0-01AE-497C-B010-A4BA030ED8B5

Fax: (850) 617-6383

Page: 2 of 5

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

i C/M Capital Partn			
(Name of Limited Partnership or Limited Liability Li Acceptable Limited Partnership suffixes: Lamited Partnership, Li Acceptable Limited Liability Limited Partnership suffixes: Limited	nited, L.P., LP, or Ltd.	- '.	
C/M Capital Partr			
If name unavailable, name under which the limited partnership or business in Florida; mus	limited liability limited partnership proposes to contain acceptable suffix.	– register	to transact
2 Delaware	3. February 2, 2024		
State or Country of Formation	Date of Formation	_	
4. Federal Employer Identification Number:			
5. Name of Registered Agent for Service of Process and Florida	a Street Address:		
Cogency Global Inc.			
115 North Calhoun Street, Suite 4			
Tallahassee, Florida 32301			
6. I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent.	to act in this capacity. I further agree to comply of my duties, and I am familiar with and accept th Ashley Cepin, Asst. Secretary egistered Agent	with the he obliy	provisions pations of
\cup	egistered Agent		
7. Principal Office: 8. A	Tailing Address:	2021	
1111 Brickell Avenue, Suite 2920 1	111 Brickell Avenue, Suite 2920	2024 HAR -	=
Miami, FL 33131	Miami, FL 33131	- 70 - <u></u>	
		_ <u></u>	, . ;
9. If limited partnership is a limited liability limited partnersh	ip, check box.	- 	•
10. Name, principal office address, and mailing address of eacl	n general partner:	22	
Name of General Partner: C/M Capital Partners, LLC	_ Name of General Partner:		
Street Address: 1111 Brickell Avenue, Suite 2920	Street Address:		
Miami, FL 33131	···		
Mailing Address:	Mailing Address:		
Name of General Partner	Name of General Partner:		
Street Address:			
Mailing Address:			

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Name of Ge	meral Partner:		_ Name o	f General Par	rtner:
Street Addre	288:		_ Street A	ddress:	
Mailing Ado	dress:		- _ Mailing		
11. Effective da	ite, if other than the date of f	iling:	- Upon F		
Note: If the date document's effect 12. Attached is a	einserted in this block does no etive date on the Department of t certificate of existence duly a	t meet the applicable of State's records. uthenticated, not mot	statutory f e than 90	iling requirer	the delivery of this application to the
rionda Departm the law of which	ent of State, by the Secretary of it is organized.	of State or other offic	al having	custody of th	e entity's records in the jurisdiction under
Signed this	29th day of	February	20	24	
		JOHN THE			
The individual si submitted in a do	Jouathan igning this document affirms t ocument to the Department of	Signature of Juctime, Manager of C/M Capi hat the facts stated he State constitutes a thi	tal Partners, L rein are tru	LC, the general pa- ic and the inc	lividual is aware that false information
	Filing Fees: Certified Copy (optional): Certificate of Status (option	\$52.5	30	5 Filing Fee a	and \$35 Registered Agent Fee)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C/M CAPITAL PARTNERS, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C/M CAPITAL PARTNERS, LP" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2024.

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



Authentication: 202804530