

B24000000120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

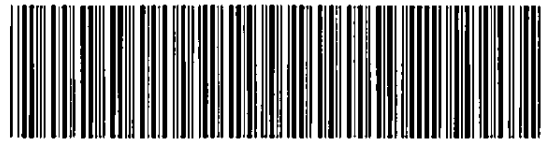
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/05/24--01021--011 *1052.00

2024 APR -5 PM 4:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moonrise Capital 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:

Donald T Pascal

Contact Person

Moonrise Capital LP

Firm/Company

4445 North A1A, Suite 231

Address

Vero Beach, FL 32963

City, State and Zip Code

ann.chu@moonrisecapital.com

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

For further information concerning this matter, please call:

Ann Chu

at (203) 253-1548

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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. Moonrise Capital 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. Delaware, USA

State or Country of Formation

3. Sept. 22, 2016

Date of Formation

4. Federal Employer Identification Number. 81-3983320

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

Donald T Pascal

381 Sabal Palm Lane

Vero Beach, FL 32963

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.

DT Pascal

Signature of Registered Agent

7. Principal Office:

Moonrise Capital LP

4445 North A1A, Suite 231

Vero Beach, FL 32963

8. Mailing Address:

Moonrise Capital LP

4445 North A1A, Suite 231

Vero Beach, FL 32963

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: Moonrise Capital Inc.

Name of General Partner: _____

Street Address: 4445 North A1A, Suite 231

Street Address: _____

Vero Beach, FL 32963

Mailing Address: same as street address

Mailing Address: _____

Name of General Partner: Donald T Pascal

Name of General Partner: _____

Street Address: 4445 North A1A, Suite 231

Street Address: _____

Vero Beach, FL 32963

Mailing Address: _____

Mailing Address: _____

2016 APR -5 PM 4:52

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: March 29, 2024

(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 25th day of March, 2024



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

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MOONRISE CAPITAL LP" 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 CONVERSION, CHANGING ITS NAME FROM "MOONRISE CAPITAL LLC" TO "MOONRISE CAPITAL LP", FILED THE THIRD DAY OF OCTOBER, A.D. 2016, AT 4:22 O'CLOCK P.M.

CERTIFICATE OF LIMITED PARTNERSHIP, FILED THE THIRD DAY OF OCTOBER, A.D. 2016, AT 4:22 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, "MOONRISE CAPITAL LP".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOONRISE CAPITAL LP" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2016.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

6140561 8315

SR# 20241070936

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

Authentication: 203063938

Date: 03-19-24

Delaware

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



6140561 8315

SR# 20241070936

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203063938

Date: 03-19-24