

BZ4000000368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

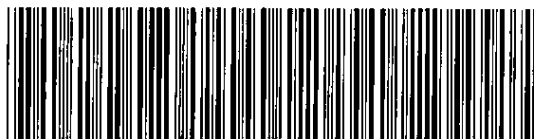
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600439554386

APPROVED  
AND  
FILED

2024 DEC -5 AM 11:21

SECURITY  
ADMINISTRATION

RECEIVED

2024 DEC -5 PM 3:27

SECURITY  
ADMINISTRATION

DEC 05 2024

K. Brumley

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 784480 7882843

AUTHORIZATION :

COST LIMIT : \$ 1000

-----  
ORDER DATE : November 22, 2024

ORDER TIME : 2:47 PM

ORDER NO. : 784480-030

CUSTOMER NO: 7882843  
-----

FOREIGN FILINGS

NAME: NAFTALI SHAKED PARTNERS II  
FEEDER LP

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NAFTALI SHAKED PARTNERS II FEEDER 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:

BEATRICE BAREMBOYM

Contact Person

NAFTALI GROUP LLC

Firm/Company

152 WEST 57TH ST, 45TH FL

Address

NEW YORK, NY 10019

City, State and Zip Code

BBAREMBOYM@NAFTALIGROUP.COM

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

For further information concerning this matter, please call:

BEATRICE BAREMBOYM at ( 212 ) 759-9777

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fee<br>( \$965 Filing Fee and<br>\$35 Registered Agent<br>Fee ) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>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. NAFTALI SHAKED PARTNERS II FEEDER 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 L.L.L.P.

NAFTALI SHAKED PARTNERS II FEEDER LP

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

State or Country of Formation

3. 12/14/2022

Date of Formation

4. Federal Employer Identification Number 92-1361485

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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:

3050 Biscayne Blvd, Suite 502

Miami, FL 33137

8. Mailing Address:

152 WEST 57TH ST, 45 FL

NEW YORK, NY 10019

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: Naftali Capital Member II GP LLC

Name of General Partner: \_\_\_\_\_

Street Address: 152 WEST 57TH ST, 45 FL

Street Address: \_\_\_\_\_

NEW YORK, NY 10019

Mailing Address: 152 WEST 57TH ST, 45 FL

Mailing Address: \_\_\_\_\_

NEW YORK, NY 10019

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

APPROVED  
AND  
FILED  
2024 DEC -5 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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: August 20, 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 20th day of August, 2024



\_\_\_\_\_  
Signature of a general partner

By: Yosi Manor  
Authorized Signatory of Naftali  
Capital Member II GP LLC

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 "NAFTALI SHAKED PARTNERS II FEEDER 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAFTALI SHAKED PARTNERS II FEEDER LP" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2022.

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



7189363 8300

SR# 20244294583

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204949525

Date: 11-22-24