BZ4000000370

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



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APPROVED AND FILED

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

ACCOUNT NO. : I2000000195

REFERENCE : 784480 7882843

AUTHORIZATION :

COST LIMIT : \$ 1000

ORDER DATE: November 22, 2024

ORDER TIME : 2:46 PM

ORDER NO. : 784480-025

CUSTOMER NO: 7882843

FOREIGN FILINGS

NAME: NAFTALI SHAKED PARTNERS II LP

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

·TO:

Registration Section

| Division of Corporations | | |
|--|--|---|
| NAFTALI SHAKED PARTNERS II LP | | |
| SUBJECT: Name of Foreign Limited Partnership | or Limited Liability | Limited Partnership |
| The enclosed application, certificate of status and fees are partnership to transact business in Florida. Please return all correspondence concerning this matter to: | | a foreign limited partnership or limited liability limited |
| 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 notified | lication) | |
| For further information concerning this matter, please call | <u>:</u> | |
| BEATRICE BAREMBOYM | 212 ,759-9 | 9777 |
| Name of Contact Person | Area Code and Dayt | ime Telephone Number |
| Enclosed is a check for the following amount: | | |
| | 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 | Regis Divisi The C 2415 | Address: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303 |

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

| NAFTALI SHAKED PARTNERS II LP | |
|--|---|
| Acceptable Limited Partnership suffixes: Lin | Limited Liability Limited Partnership, which must include suffix) nited Partnership, Limited, L.P., LP, or Ltd. ship 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 iness in Florida; must contain acceptable suffix. |
| 2 DELAWARE | 3 2/21/2020 |
| State or Country of Forn | nation Date of Formation |
| 4. Federal Employer Identification Number | r. <u>84-4860526</u> |
| 5. Name of Registered Agent for Service of Corporation Service Company | |
| 1201 Hays Street | |
| Tallahassee, FL 32301 | |
| of all statutes relative to the proper and c my position as registered agent. | ered agent and agree to act in this capacity. I further agree to comply with the provisions omplete performance of my duties, and I am familiar with and accept the obligations of |
| | Signature of Registered Agent |
| 7. Principal Office: | 8. Mailing Address: |
| 3050 Biscayne Blvd, Suite 502 | 152 WEST 57TH ST, 45 FL |
| Miami, FL 33137 | NEW YORK, NY 10019 |
| | |
| 9. If limited partnership is a limited liabil | ity limited partnership, check box. |
| 10. Name, principal office address, and m | |
| Name of General Partner: | Member II GP LLC Name of General Partner: |
| Street Address: 152 WEST 57TH ST | , 45 FL Street Address: |
| NEW YORK, NY 10 | 019 |
| Mailing Address: | , 45 FL Mailing Address: |
| NEW YORK, NY 10 | 019 |
| Name of General Partner: | Name of General Partner: |
| Street Address: | Street Address: |
| | Mailing Address: |

Page 1 of 2

| Name of General Partner: | Name of General Partne | r: | |
|---|--|---|--|
| Street Address: | Street Address: | Street Address: | |
| Mailing Address: | Mailing Address: | | |
| Note: If the date inserted in this block does no document's effective date on the Department of 12. Attached is a certificate of existence duly a | an 90 days after the date this document is filed bot meet the applicable statutory filing requiremen | ets, this date will not be listed as the | |
| the law of which it is organized. Signed this day of | August20 | | |
| - | Signature of a general partner | By:Yosi Manor Authorized Signatory of Naftali Capital Member II GP LLC | |
| The individual signing this document affirms submitted in a document to the Department of | that the facts stated herein are true and the indiv f State constitutes a third degree felony as provid | idual is aware that false information led for in s.817.155, F.S. | |

Page 2 of 2

\$52.50

\$8.75

Filing Fees:

Certified Copy (optional): Certificate of Status (optional): \$1,000,00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NAFTALI SHAKED PARTNERS II 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 LP" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY,

A.D. 2020.

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

Authentication: 204949521

Date: 11-22-24