

B25000000119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

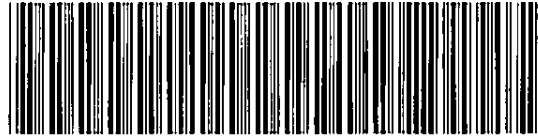
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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 03/27/2025

Name: Cheyenne Davis

Reference #: 2694899

Entity Name: DEAD HORSE CAPITAL PARTNERS 2.0, LP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other FILE SECOND; after GP

Authorized Amount: \$1,000.00

Signature: *Cheyenne Davis*

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #2010712  
6 LLOYDS AVE, UNIT 4CL  
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• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
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Account#: I200000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 03/27/2025

Name: Cheyanne Davis

Reference #: 2694899

Entity Name: DEAD HORSE CAPITAL PARTNERS 2.0, LP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other FILE SECOND, after GP

Authorized Amount: \$1,000.00

Signature: *Cheyanne Davis*

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

1. Dead Horse Capital Partners 2.0, 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 3. March 19, 2025  
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  
Tallahassee, Florida 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.

/s/ Shannon M. Maddox

Signature of Registered Agent

7. Principal Office:

1273 E. Putnam Avenue  
Riverside, CT 06878

8. Mailing Address:

1273 E. Putnam Avenue  
Riverside, CT 06878

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: <u>Gravel Road Partners 2.0 LLC</u> | Name of General Partner: _____ |
| Street Address: <u>1273 E. Putnam Avenue</u>                 | Street Address: _____          |
| <u>Riverside, CT 06878</u>                                   | _____                          |
| Mailing Address: _____                                       | Mailing Address: _____         |
| _____  | _____                          |
| Name of General Partner: _____                               | Name of General Partner: _____ |
| Street Address: _____  | Street Address: _____          |
| _____  | _____                          |
| Mailing Address: _____                                       | Mailing Address: _____         |
| _____  | _____                          |

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SECRETARY OF STATE

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

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

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

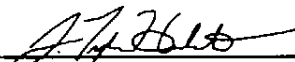
11. Effective date, if other than the date of filing: \_\_\_\_\_

(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 18 day of March, 2025

  
Signature of a general partner

Tyler Herbert, Authorized Person of the  
General Partner Gravel Road Partners 2.0 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, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEAD HORSE CAPITAL PARTNERS 2.0, 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 TWENTIETH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEAD HORSE CAPITAL PARTNERS 2.0, LP" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2025.

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



10136464 8300

SR# 20251145081

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

*C. B. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203220281

Date: 03-20-25