

B26000000133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

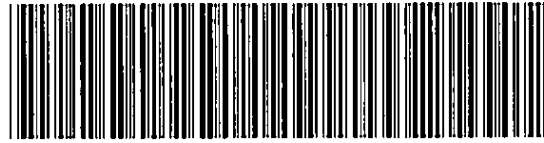
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800470229858

2026 MAY -6 AM 10:37

APPROVED AND FILED

2026 MAY -6 AM 10:37

APPROVED AND FILED

MAY 04 2026

K. Brumbley

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/04/2026
 Acc#120160000072

eric [signature]

| | |
|-------------|---------------------------|
| Name: | Verix Equity Partners, LP |
| Document #: | |
| Order #: | 17363139 |

| | | | |
|-----------------------------------|--------------------------|---------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | <h1>1-2 filing</h1> | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | <h2>LLC 1st - LP 2nd</h2> | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

Availability ____
 Document ____
 Examiner ____
 Updater ____
 Verifier ____
 W.P. Verifier ____
 Ref# ____

Amount: \$ 1052.50

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Verix Equity Partners, 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:

Jeffrey Hart
Contact Person
Verix Equity Partners, LP
Firm/Company
5215 Estates Drive
Address
Delray Beach, FL 33445
City, State and Zip Code
hart@verixequity.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Hart at (623) 687-1567
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (S965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. Verix Equity Partners, 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.

Verix Equity Partners, 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. October 17, 2025

Date of Formation

4. Federal Employer Identification Number 41-3148278

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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.

By: Katherine Schneider
C T Corporation System

Signature of Registered Agent

7. Principal Office:

5215 Estates Drive

Delray Beach, FL 33445

8. Mailing Address:

5215 Estates Drive

Delray Beach, FL 33445

2026 MAY 7 L AM 10:37
APPROVED AND FILED

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: Verix Equity Partners GP, LLC

Name of General Partner: _____

Street Address: 5215 Estates Drive

Street Address: _____

Delray Beach, FL 33445

Mailing Address: 5215 Estates Drive

Mailing Address: _____

Delray Beach, FL 33445

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

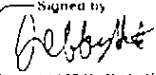
Mailing Address: _____ Mailing Address: _____

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 30th day of April, 2026

Verix Equity Partners GP, LLC
By: _____
Name: Jeffrey Hart
Title: Managing Member

Signed by

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 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

Delaware

Page 1

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERIX EQUITY 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 FIRST DAY OF MAY, A.D. 2026.

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



10371240 8300

SR# 20262185670

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

A handwritten signature in cursive script, reading "C. Patibanda-Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203809763

Date: 05-01-26