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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444
Attn: Tami D. Passley

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tsmith@stepstoneglobal.com

**Foreign Limited Liability Company
StepStone Conversus LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2020 DEC - 1 PM 1:46
 SECRETARY J. STATE
 TALLAHASSEE, FLORIDA
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DEC - 2 2020

K Brumley

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. StepStone Conversus LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

Delaware

2. Jurisdiction under the law of which foreign limited liability company is organized:

3. 84-2254638

(FEI number, if applicable)

Upon qualification

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0902 to 605.0925, F.S. to determine penalty liability)

128 S Tryon Street, Suite 880

5. (Street Address of Principal Office)

Charlotte, North Carolina 28202

128 S Tryon Street, Suite 880

6. (Mailing Address)

Charlotte, North Carolina 28202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: William T. Dymond, Jr.

Office Address: 215 N. Eola Drive

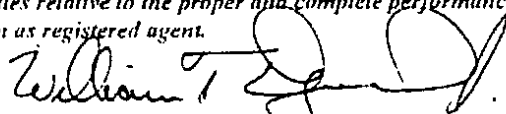
Orlando, Florida 32801

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.



(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Robert W. Long

☐ Member Address: 128 S Tryon Street, Suite 880

☐ Authorized Charlotte, North Carolina 28202

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jason Ment

☐ Member Address: 450 Lexington Ave, 31st Floor

☐ Authorized New York, NY 10017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Timothy A Smith

☐ Member Address: 128 S Tryon Street, Suite 880

☒ Authorized Charlotte, NC 28202

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Thomas K. Sittema

☐ Member Address: 227 S. Orlando Ave, Suite 2A

☐ Authorized Winter Park, FL 32789

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Christable Yau

☐ Member Address: 450 Lexington Ave, 31st Floor

☐ Authorized New York, NY 10017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

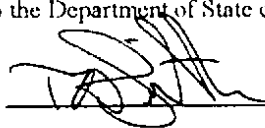
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Timothy A. Smith

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEPSTONE CONVERSUS LLC" 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 THIRTIETH DAY OF NOVEMBER, A.D. 2020.

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



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

7491281 8300

SR# 20208512212

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

Authentication: 204183446

Date: 11-30-20