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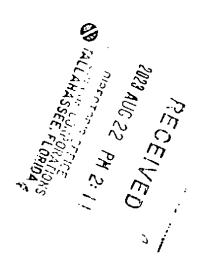
	(Requestor's Name)
	/A.J
l	(Address)
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·	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
l	(Business Entity Name)
1	(Document Number)
Certifiea Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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CT CORP

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(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate:	08/22/2023	2072 W: CDW
		Acc#I20160000	0072
Name:	SLF V C	P HoldCo, LLC	
Document #:			
Order #:	1509013	9	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial		Country of Destina	tion:
Certification:		Number of Certs:	
Filing: 🗸	Certif	ied: 🗸	Email Address for Annual Report Notification
	Plain: COGS		KYC-Legal-NY@hps partner
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	int:\$ 155.00	

Thank you!

COVER LETTER

Div	ision of Corporations	
SUBJECT:	SLF V CP HoldCo, LLC	
00000000		Limited Liability Company
The enclosed Existence, ar	I "Application by Foreign Limited Liability Com nd check are submitted to register the above refer	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the	e following:
	Kayla Solis	
	4	Same of Person
	HPS Investment Partners, LLC	
	F	Firm/Company
	40 West 57th Street, 7th Floor	
		Address
	New York, NY 10019	
	City/S	State and Zip Code
	KYC-Legal-NY@hpspartners.com	
	E-mail address: (to be use	ed for future annual report notification)
For further in	nformation concerning this matter, please call:	
Ka	yła Solis	212 287-5161 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Re Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

TO:

Registration Section

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:

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in I	Florida The alternate name	must include "Limited Liability C	ompany," "L.L.C," or	"LLC.")
Delaware 2.		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if app	olicable)	-
4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	nine penalty liability)			
c/o Corporation Trust (Center	c/o HPS 1 6.	Investment Partners, LLC	S 28	
(Street Address of Principal Office)		(Mailii	ng Address)		
1209 Orange Street, W	ilmington	40 West	57th Street, 33rd Floor	RETTO 2	122222 22222
New Castle County, De	elaware 19801	New Yor	k, NY 10019	RY OF	- O
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	O: OI	1
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road	·			
	Plantation		33324		
	(City)	, , l*	lorida		
designated in this applica to comply with the provisi and accept the obligation.	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. C T Corporation System Sy:	as registered ageni	t and agree to act in this	capacity. I ful	rther agree

Partners, LLC Member Address: Or Person Other Other Manager Name:	
Partners, LLC Member Address: Or	
PersonOther_	
□Other □Other	
Nanager Name:	
Authorized	
Person	
Other Other	
□Manager Name:	
☐Member Address:	
Authorized	
Person	
OtherOther_	
e	Person □Other □Manager Name: □Member Address: □Authorized Person

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SLF V CP HOLDCO, 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2023.

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



Authentication: 204010642

Date: 08-21-23