## MZ400000904

(Re	questor's Name)	
(Äd	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Ви	isinėss Enlity Name)	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filia	ng Officer;	

Office Use Only



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JAN 25 2024 K. Brumbley

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 281770 4719887 AUTHORIZATION : COST LIMIT : ORDER DATE: January 23, 2024 ORDER TIME : 1:38 PM ORDER NO. : 281770-025 CUSTOMER NO: 4719887 FOREIGN FILINGS NAME: 26NORTH PARNERS GP LLC XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

CORPORATION SERVICE COMPANY

	COVER LETTER	
TO: Registration Section Division of Corporations		
26North Partners GP LLC SUBJECT:		
	me of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida." Certificate of re referenced foreign limited liability company to transact business in Florida.	
Please return all correspondence concerning this matter	r to the following:	
	Name of Person	
	Name of Ferson	
	Firm/Company	
	Address	
	City/State and Zip Code	
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter, please of	eall:	
Name of Contact Person	at ()  Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahacece FL 32303	

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

26North Partners GF					
(Name of Foreign	Limited Liability Company; must include "Limi	ited Liabilit	y Company," "L.I. C.," or "LEC")		_
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The	alternate name must include "Lamited Liah	ility Company," "L L.C." o	"L1.C ")
Delaware 2.		2			
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI number	, if applicable)	_
September 9, 2022					
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration	a.) liability)	<del></del> -	
26North Partners G	PLLC		26North Partners GP LLC		
(Street Address of Principal Office)		6.	(Mailing Address)		_
600 Madison Avenu	e, 26th Floor		600 Madison Avenue, 26th	Floor	
New York, NY 1002	2		New York, NY 10022	2	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo  Corporation Service Company	NOT :	acceptable)	24 JAN 25	
Name:				· P	0
Office Address:	1201 Hays Street			÷ 01	
	Tallahassee		32301 , Florida		
	(City)		(Zip code)		
designated in this applicate to comply with the provise	otance: registered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Company  By:  (Registered agent	as registe er and co. Eylv	ered agent and agree to act in	this capacity. I ful	rther agree

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:	Title or Capacity:	Name and Address:
□Manager	Name: HRS Management, LLC	□Manager	Name: Joshua J. Harris
■Member	Address: 600 Madison Avenue	□Member	Address: 600 Madison Avenue
□Authorized	26th Floor	□Authorized	26th Floor
Person	New York, NY 10022	Person	New York, NY 10022
□Other	Other	Other Founder, Man	naging Partner Other
□Manager	Name: Evan Zemsky	□Manager	Frank Marra Name:
□Member	Address: 600 Madison Avenue	□Member	Address:
□Authorized	26th Floor	□Authorized	26th Floor
Person	New York, NY 10022	Person	New York, NY 10022
■Other Executive Vi	ce President	Chief Financial ( Chief Compliane Cother <u>Otticer</u>	re ·
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Amhorized	
Person		Person	
□Other	Other	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.

JAM-

Signature of an authorized person

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "26NORTH PARTNERS GP 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-THIRD DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "26NORTH PARTNERS"

GP LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

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



Authentication: 202645127

Date: 01-23-24