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(Address)
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(City/State/Zip/Phone #)
(ON) CHARLES THORE ITY
PICK-UP WAIT MAIL
(Business Entity Name)
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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 11/19/24 Order #: 1690660-1

Re: Main Street Capital Holdings, L.L.C.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Main Street Capital H					
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liability Co	mpany," "L.L.C.," or "LLC.")		
(li name unavailable, enter alternate n	ame adopted for the purpose of transacting business in I	Florida The alter	nate name must include "Limited Li	ability Company," "L L C	or "LLC.")
Delaware 2.		90	90-0629363		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
Upon filing					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration.) nine penalty liabi	lity)		
1107 South Osprey Avenue 5		11 6	07 South Osprey Aven	ue	
(Street Address of Principal Office)			(Mailing Address)		
Sarasota, FL 34236	.,	Sa —	ırasota, FL 34236		
				20	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	eptable)	ZOZY NOV 1	ー ニ>ユ
Name:	Corporation Service Company		_	9 PH SEE FE	
Office Address:	1201 Hays Street			1 5	
	Tallahassee		32301 . Florida		
	(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.

Corporation Service Company

By: Shauna Godbolt _____

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: Dennis G. Prado Name: ____ W. Ryan Davis ■ Manager **■**Manager Address: 229 Klinger Road Address: 1107 South Osprey Avenue □Member □Member Sarasota, FL 34236 Canonsburg, PA 15317 □ Authorized ☐ Authorized Person Person □Other____ □Other_____ □Other_____ Other____ □Manager □Manager Name: ____ Name: _____ ☐ Member □Member Address: Address: ☐ Authorized ☐ Authorized Person Person □Other Other □Other □Other □Manager Name: □Manager Name: _____ □Member Address: ☐ Member Address: □ Authorized ☐ Authorized 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. Nonindexed 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. /s/ W. Ryan Davis

Signature of an authorized person

Typed or printed name of signee

W. Ryan Davis



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

DELAWARE, DO HEREBY CERTIFY "MAIN STREET CAPITAL HOLDINGS, L.L.C."

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 NINETEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAIN STREET

CAPITAL HOLDINGS, L.L.C." WAS FORMED ON THE THIRD DAY OF NOVEMBER,

A.D. 2010.

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



Authentication: 204911578

Date: 11-19-24

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