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PICK-UP WAIT	MAIL
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Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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STATE OF STATE
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2025 JAN 24 AM II:





To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 01/23/25 Order #: 1780410-1 Re: Andiron FI 2, LLC

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.

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	os				
SUBJI	Andiron FL 2. LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Limited Liability	Company		
The en Exister	closed "Application by Fornce, and check are submitted	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted Iiabili	ransact Business in Florida," C ty company to transact busine	Certificate of ss in Florida.
Please	теturn all correspondence с	oncerning this matter to the	e following:			
	Houdin Honary	аг				
		N	lame of Person			
	DW Partners, L	þ				
		F	irm/Company			
	520 Madison Av	venue. 21st Floor				
	·		Address			
	New York, NY	10022				
		City/S	State and Zip Code		···	
	DW.Legal@dwpa	artners.com				
	 _	E-mail address: (to be use	d for future annua	report no	tification)	
For fur	ther information concerning	this matter, please call:				
	Houdin Honarvar		212 at (751-61	30	
	Name of	f Contact Person	Area Code	Day	vtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301	
ênclose	ed is a check for the followi ☐ \$125.00 Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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:

2 D	te mayanable, enter alterrate n	ame adopted for the purpose of transacting business in Flo	rida The al	ternate name must include "Limited Liability C	ompany," "L. L. C." or "LLC	3.5)
	elaware	•	3.		•	
	Jurisdiction under the law of w	nich foreign limited hability company is organized)	J1.	(FEI number, if a	pplicable)	-
1.						
· -		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration) hakilasa	_	
ľ	DW Partners 4.P			DW/ Partners I D		
• -	OW Partners, LP (Street Address of F	rincipal Office)	6.	DW Partners, LP (Mailing Address)		
5	20 Madison Avenue,	21st Floor		520 Madison Avenue, 21st Floo	r	
N	lew York, NY 10022	_ -		New York, NY 10022		
	-				20	. <u> </u>
. N	lame and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT a	ecceptable)		80
	Name:	Corporation Service Company			₩.	د پرنج
	Name.		 ,			_; =
	Office Address:	1201 Hays Street	_		7	739
					₹	77,6
		Tallahassee		Elorida 32301	• •	
avi esig co	nated in this applica mply with the provisi	(Cny) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper t of my position as registered agent, Corporation Service Company	process j s registe and con	red agent and agree to act in the mplete performance of my dutie.	is capacity. I furth	er aj
lavi esig co nd	ing been named as re enated in this applica mply with the provisi accept the obligation:	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper t of my position as registered agent, Corporation Service Company By: Shauma Ge	process, s registe and con	for the above stated limited liabs tred agent and agree to act in th nplete performance of my dutie.	ility company at the is capacity. I furth	er ag
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Typed or printed name of signce

QUAL-66376

Page 1

Delaware The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "ANDIRON FL 2, 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-SECOND DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANDIRON FL 2, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2025.

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

Kristopher E. Knight, Acting Secretary of State
Authentication: 202752497

Date: 01-22-25

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