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DIVISION OF CORPORATIONS
25 JAN 29 AM 11:18

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2025 JAN 29 PM 12:26
TREASURER

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/29/2025

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1343782

ORDER ENTITY

VOCAP PARTNERS MANAGEMENT IV SBIC, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

VOCAP PARTNERS MANAGEMENT IV SBIC, LLC (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "V6" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vocap Partners Management IV SBIC, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dawn Hall, Paralegal

Name of Person

Troutman Pepper Locke LLP

Firm/Company

400 Berwyn Park

Address

Berwyn, PA 19312

City/State and Zip Code

dawn.hall@troutman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Dawn Hall</u>	610	640-5435
Name of Contact Person	at ()	Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate 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:

1. Vocap Partners Management IV SBIC, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

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

2. Delaware 3. 99-0603558
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 28, 2025
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2770 Indian River Blvd, Suite 501 6. 2770 Indian River Blvd, Suite 501
(Street Address of Principal Office) (Mailing Address)
Vero Beach, FL 32960 Vero Beach, FL 32960

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

Name: Wendy M. Coya
Office Address: 2770 Indian River Blvd, Suite 501
Vero Beach, Florida 32960
(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.

By: Wendy M. Coya Signed by: Wendy M. Coya
(Registered agent's signature) (Signature)
CDCECO-8CD40483

FILED STATE
SECTION 605.0902, F.S.
DIVISION OF CORPORATIONS
25 JAN 29 AM 11:18

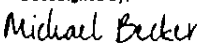
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Michael Becker	<input checked="" type="checkbox"/> Manager	Name: Robert Olmstead
<input type="checkbox"/> Member	Address: 2770 Indian River Blvd	<input type="checkbox"/> Member	Address: 2770 Indian River Blvd
<input type="checkbox"/> Authorized	Suite 501	<input type="checkbox"/> Authorized	Suite 501
Person	Vero Beach, FL 32960	Person	Vero Beach, FL 32960
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Vocap Partners Management IV, LLC	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	2770 Indian River Blvd, Suite 501	<input type="checkbox"/> Authorized	
Person	Vero Beach, FL 32960	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

DocuSigned by:

 8F06632502044EX
 Signature of an authorized person
 Michael Becker
 Typed or printed name of signer

Delaware

The First State

Page 1

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOCAP PARTNERS MANAGEMENT IV SBIC, 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-EIGHTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOCAP PARTNERS MANAGEMENT IV SBIC, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2023.

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



2847974 8300

SR# 20250289658

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

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni P. Sanchez, Secretary of State

Authentication: 202801421

Date: 01-28-25