	Secretary of State	LP-5
	Application for Registration	
	Foreign Limited Partnership (LP)	
11.11.0 11.11		

Foreign Certificate of Good Standing is required.

For Office Use Only

-FILED-

File No.: 202565404946 Date Filed: 1/16/2025

Filing Fee - \$70.00				
Certified Copy Fee (Optional) - \$5.00				
Note: Registered LPs in California may have to pay minimum \$800 california Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.				
		<u> </u>	pace For Office	Use Only
1. Name of Foreign LP (Only enter an alternate name if the foreign LI	P name in Item 1a	s not available in CA.)		
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.) HRP Partners LP	1b. Enter the	1b. Enter the Alternate Name to be Used in California, if required.		
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good	Standing.)		<u></u>
Jurisdiction (State, foreign country or place where this LP is formed.) Delaware				•
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b ca	nnot be a P.O. Box or	"in care of" an indi	vidual or entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box 507 Amalfi Ct.	City (no abbre Santa Mon	,	State CA	Zip Code 90402
b. Mailing Address of Principal Office, If different than Item 3a	City (no abbre	viations)	State	Zlp Code
c. Address of required office in Jurisdiction of Formation, if any	City (no abbre	abbreviations)		Zip Code
4. Service of Process (Must provide either Individual OR Corporation	l on.)	<u> </u>		<u> </u>
INDIVIDUAL Complete Items 4a and 4b only. Must include agent's ful	ll name and Califor	nia street address.		
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Nar	me	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbre	viations)	State CA	Zip Code
CORPORATION Complete Item 4c only. Only include the name of the	e registered agent	Corporation.		- !
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do r THE PRENTICE-HALL CORPORATION SYSTEM, INC.	not complete Item 4a	or 4b		
5. General Partners (Enter the name and addresses of all the General	I Partners. Attach	additional pages, if nec	essary.)	
5a. General Partner's Name The Bryn Mawr Trust Company of Delaware, as Trustee of th	ne Haskell Fam	ily Irrevocable Tru	st	
5b. General Partner's Address 20 Montchanin Road. Suite 110	City (no abbre	/iations)	State DE	Zip Code 19807

6. Foreign Limited Liability Limited Partnership (Check this box only if applicable)

Check this box if the foreign limited partnership is a foreign limited liability limited partnership.	
	

All attachments are part of this document. I declare that I am the person who signed this instrument, which is my act and deed. I further declare the information is true and correct, and I am authorized to sign.

	See Attachment	
General Partner's Signature	Type or Print Name	

DË

20 Montchanin Road, Suite 110

Attachment to Application for Registration

Foreign Limited Partnership (LP-5)

For

HRP Partners LP

Signature.

General Partner's Signature

Ron Templeton, Senior Trust Officer,

The Bryn Mawr Trust Company of Delaware, as Trustee of the Haskell Family Irrevocable Trust,

General Partner

Type or Print Name

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HRP PARTNERS LP" 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 ELEVENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRP PARTNERS LP"

WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2024.

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

3460789 8300

Authentication: 205106596

Date: 12-11-24