



# State of California Secretary of State

## Foreign Limited Partnership Application for Registration

LP-5

File # \_\_\_\_\_

**FILED**  
Secretary of State  
State of California

MAR 13 2015

A \$70.00 filing fee AND a certificate of good standing by an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

**Entity Name** (See instructions for name requirements in the State of California.)

1. Name of Foreign Limited Partnership

GREENOAKS CAPITAL MS LP

2. Alternate Name (if the name in Item 1 does not comply with the requirements of California Corporations Code section 15901.08. See instructions.)

### Entity Addresses

3a. Street Address of Principal Office City State Zip Code  
101 MISSION STREET, SUITE 1630 SAN FRANCISCO CA 94105

3b. Mailing Address of Principal Office, if different from Item 3a City State Zip Code

4. Address of Office Required in the Jurisdiction of Formation, if any City State Zip Code  
2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON DE 19808

### Date and Place of Organization

5. The foreign limited partnership was formed on 02 - 20 - 2015 under the laws of DELAWARE  
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

**Initial Agent for Service of Process in California** (If the initial agent is an individual, the agent must reside in California and both Items 6 and 7 must be completed. If the initial agent is a corporation, the agent must have a certificate pursuant to California Corporations Code section 1505 on file and Item 6 must be completed (leave Item 7 blank).)

6. Name of Initial Agent for Service of Process

NEIL MEHTA

7. If an individual, Street Address of Initial Agent for Service of Process in CA City State Zip Code  
101 MISSION STREET, SUITE 1630 SAN FRANCISCO CA 94105

**General Partners** (Enter the names and addresses of all the general partners. Attach additional pages, if necessary. Attachments, if any, are incorporated herein by this reference and made part of this document.)

8a. Name Address City State Zip Code  
GREENOAKS CAPITAL MS MANAGEMENT LLC 101 MISSION STREET, SUITE 1630 SAN FRANCISCO CA 94105

8b. Name Address City State Zip Code

### Foreign Limited Liability Limited Partnership

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

**Execution** (This document must be signed by at least one general partner of the foreign limited partnership. If additional signature space is necessary, the signatures may be made on an attachment to this document.)

10. I declare I am the person who executed this instrument, which execution is my act and deed. By signing this document I affirm under penalty of perjury that the stated facts are true.

Signature of General Partner

JONATHAN TANG, CFO OF GREENOAKS CAPITAL MS MANAGEMENT LLC, THE GENERAL PARTNER OF THE APPLICANT

Type or Print Name of General Partner

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREENOAKS CAPITAL MS 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 THIRTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREENOAKS CAPITAL MS LP" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2015.

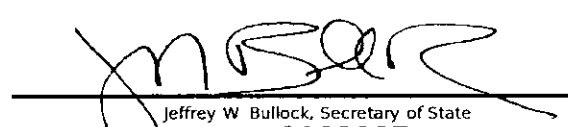
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5697191 8300

150356191

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2198927

DATE: 03-13-15

**201507700005**