

Statement of Dissolution

DOMESTIC Limited Partnership

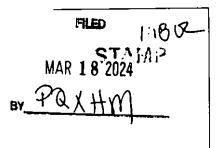
 \rightarrow Filing Fee: \$10.00



The undersigned, desiring to dissolve the Certificate of Limited Partnership under and by virtue of the power conferred by <u>RIGL 7-13.1-802</u>, hereby execute the following Statement of Dissolution of the Certificate of Limited Partnership:

1. Entity ID Number:	2. The name of the limited partnership is:
001657858	Spark Master Fund, L.P.
3. The date of filing of the	Certificate of Limited Partnership is: 11/02/2015
4. The partnership is disso	blved.
5. Other information as the g	eneral partners filing the statement determine to include herein:
	Check the box to indicate an attachment
6. The partnership certifies the and taxes. [Note: Tax status	nat it has no outstanding tax obligations as required by RIGL <u>7-13.1-213</u> , the partnership has paid all fees can be verified by emailing tax.collections@tax.ri.gov.]
7. Date when the Statement	of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX
X Date received (Upon	filing)
Effective date (which	shall be a date certain)

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



Type or Print Name of General Partner	Date 2/7/2024
Spark Partners, LLC	
Signature of General Partner Jonathan Plowe	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 18, 2024 01:18 PM

Treng M. Course

Gregg M. Amore Secretary of State

