

A07000000947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

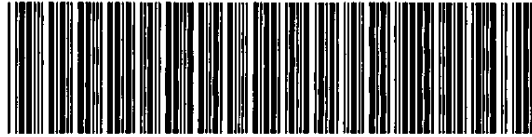
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400106548914

08/07/07--01013--001 **1362.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG - 7 PM 12: 20

T Hampton AUG 08 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G7 Forex Fund, L.P.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Cecilia Garcia

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 University Dr. Suite 311

(Address)

Coral Springs, FL. 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

Cecilia Garcia

(Name of Contact Person)

at (954) 345-6442

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status \$1,052.50 Filing Fees and Certified Copy \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

CR2E030 (01/06)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG -7 PM 12:40

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. G7 Forex Fund, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 3300 N. University Dr. Suite 311
(Street address of initial designated office)

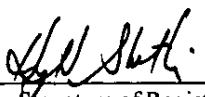
Coral Springs, FL. 33065

3. Hylton Nesbeth
(Name of Registered Agent for Service of Process)

4. 5220 S. University Dr. Suite 106C
(Florida street address for Registered Agent)

Davie, FL. 33328

5. *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.*



Signature of Registered Agent

6. 5220 S. University Dr. Suite 106C
(Mailing address of initial designated office)

Davie, FL. 33328

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner:

Name:

Business Address:

Financial Fund Management, LLC

3300 University Dr. Suite 311

Coral Springs, FL. 33065

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this _____ day of _____.

Signature of each general partner:



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG - 7 PM 12:40