

B00000000215

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

800003333208--3
-07/24/00--01092--017
***1785.00 ***1785.00

CORPORATION(S) NAME

The Astor Fund, L.P.

- 1209 OR ANNUAL 1980*
- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

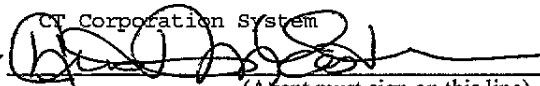
07/24/00

FILE SECOND

RECEIVED
00 JUL 24 PM 12:20
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 24 PM 3:21

1. The Astor Fund, L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. Delaware 4. _____
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. 1200 South Pine Island Road
(Street Address of Registered Office)
Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
By CT Corporation System

(Agent must sign on this line)
8. 1209 Orange Street, Wilmington, DE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Astor Asset Management, L.L.C. 303 East Di Lido Drive, Miami Beach, FL 33139
MO0006001445
10. 303 East Di Lido Drive, Miami Beach, FL 33139
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 303 East Di Lido Drive, Miami Beach, FL 33139

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 16th day of June, 2000

Astor Asset Management, L.L.C., General Partner
By: [Signature]
Manager [Signature] General Partner

STATE OF ~~XXXX~~ Illinois

COUNTY OF ~~XXX~~ Cook

On this 16th day of June, 2000

Robert A. Levinson

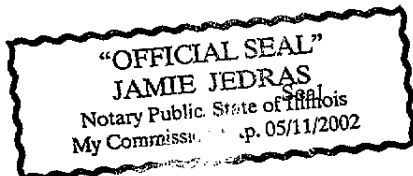
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Jamie E. Jedras
(Notary's Printed Name)



My Commission Expires: 5-11-2002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 24 PM 3:21

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Robert A. Levinson, ^{manager of Astor Asset Management, L.L.C.,}
the general partner of The Astor Fund, L.P., a(an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 750,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 750,000.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 16th day of June, 2000.

Astor Asset Management, L.L.C. General Partner
By: [Signature]
Manager ~~General Partner~~

STATE OF ~~Illinois~~ Illinois

COUNTY OF ~~Cook~~ Cook

On this 16th day of June, 2000.

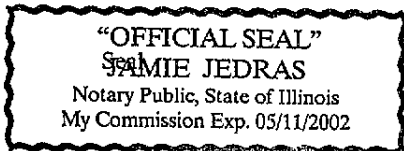
Robert A. Levinson, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Jamie E. Fedras
(Notary's Printed Name)



My Commission Expires: 5-11-2002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 24 PM 3:21