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2015 DEC -2 AM 8:50



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APLEASE FILE SECOND. DO NOT SEPARATE. THANK YOU'S

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 892098 5149589

AUTHORIZATION :

COST LIMIT : \$4,061.25

ORDER DATE: December 2, 2015

ORDER TIME : 10:53 AM

ORDER NO. : 892098-015

CUSTOMER NO: 5149589

FOREIGN FILINGS

NAME: GRAHAM CAPITAL MANAGEMENT,

L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Graham (Capital Management	, L.P	' .		
	e of Foreign Limited Partn			ability	Limited Partnership
partnership to transact but				egister	a foreign limited partnership or limited liability limited
Paul Sedlack					
Contact Person					
Graham Capital Ma	anagement, L.P.				
Firm/Company					
40 Highland Avenue					
	Address				
Rowayton, Connec	ticut 06853		_		
City, State and Zip Code					
ithennes@grahamo	•				
E-mail address: (to be u	sed for future annual report	l notii	ication)		
For further information co	oncerning this matter, pleas	e call:	:		
Irene Thennes		_at (_	203	899-	
Name of Contac	t Person		Area Code and	Dayti	me Telephone Number
Enclosed is a check for th	e 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 and Certified Copy			X\$1,061.25 Filing Fee, 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		n ations	

FILED

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

2015 DEC -2 AM 8: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, Graham Capital Management, 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. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. , State of Delaware 3 May 26, 1994 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 06-1398337 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. 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. Corporation Service Company Melissa Zender Asst. Vice President Signature of Registered Agent 8. Mailing Address: 7. Principal Office: 40 Highland Avenue 40 Highland Avenue Rowayton, CT 06853 Rowayton, CT 06853 9. If limited partnership is a limited liability limited partnership, check box 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: KGT, Inc. Name of General Partner: 40 Highland Avenue Street Address: Street Address: Rowayton, CT 06853 Mailing Address: 40 Highland Avenue ____ Mailing Address:_ Rowayton, CT 06853 Name of General Partner: Name of General Partner: Street Address: Mailing Address:

Mailing Address:_

Name of General Partner:	age 1 of 2 Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing:(Effective date cannot be prior to nor more than 90 days after the 12. Attached is a certificate of existence duly authenticated, not m	date this document is filed by the Florida Department of State.) ore than 90 days prior to the delivery of this application to the
the law of which it is organized.	icial having custody of the entity's records in the jurisdiction under
Signed this 1st day of December	
Signature o	A fellock

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

\$52.50

\$8.75

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GRAHAM CAPITAL MANAGEMENT, L.P." 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAHAM CAPITAL MANAGEMENT, L.P." WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 1994.

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

Authentication: 10439046

Date: 11-17-15