

B 18000000203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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W18-63018

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2018 JUL 16 AM 8:05

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JUL 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dragon Capital Medical Alternatives Fund, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Craig Higdon

Contact Person

Dragon Capital Management, LLC

Firm/Company

18245 Paulson Ave.

Address

Port Charlotte, FL 33954

City, State and Zip Code

Craig@DragonCapitalFunds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Higdon at (310) 463-3799

Name of Contact Person Area Code and Daytime Telephone Number

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 JUL 16 PM 2:17

DB

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 Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
3661 Executive Center Circle
Tallahassee, FL 32301

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

Re: Document # W18000063018

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

1. Dragon Capital Medical Alternatives Fund, LP

(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 L.L.P.

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.

2. Delaware

State or Country of Formation

3. 1/26/2018

Date of Formation

4. Federal Employer Identification Number: 82-4188928

5. Name of Registered Agent for Service of Process and Florida Street Address:

Craig Higdon

18245 Paulson Dr.

Port Charlotte, FL 33954

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.


Signature of Registered Agent

7. Principal Office:

18245 Paulson Dr.

Port Charlotte, FL 33954

8. Mailing Address:

18245 Paulson Dr.

Port Charlotte, FL 33954

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: Dragon Capital Management, L.L.C

Name of General Partner: _____

Street Address: 18245 Paulson Dr.

Street Address: _____

Port Charlotte, FL 33954

Mailing Address: Same

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

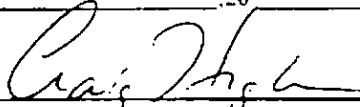
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 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 date this document is filed by the Florida Department of State.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 28th day of June, 2018



 Signature of a general partner

The individual signing this document affirms 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): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

FILED
 2018 JUL 16 AM 8:05
 CLERK OF THE COURT
 COUNTY OF ALACHUA, FLORIDA