(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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CT CORPORATION

March 25, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5815894 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Orion Fund Management, Inc. (FL) Incorporation Florida

Orion Capital Markets Growth Fund, L.P. (FL)
Formation 1:1, 24
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

JANA N. S. MARSEE FUR.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 26, 2003

CT CORPORATION SYSTEM

SUBJECT: ORION CAPITAL MARKETS GROWTH FUND, L.P.

Ref. Number: W03000008662

We have received your document for ORION CAPITAL MARKETS GROWTH FUND, L.P. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

If you have any questions concerning the filing of your document, please call (850) 245-6020.___

Tammi Cline

Document Specialist

Letter Number: 403A0001843

From Melanie /c1 dated 35,03

North be back dated 35,03

Please to 3-25,03

Please to 3-25,03

RECEIVED

CERTIFICATE OF LIMITED PARTNERSHIP

1. Orion Capital Markets Growth Fund, Limited Pa	artnership	
(Name of Limited Partnership; must contain a suffix	such as "Limited", "Ltd.", or "Limited Partnership")	
2. 9 Fiesta Way, Ft. Lauderdale, Florida 33467		
(Business address of	Limited Partnership)	
3. C T Corpora (Name of Registered Age)		
(intille of Regionated Figure	actor burrior of froction	
4. c/o C T Corporation System, 1200 South Pine Island I (Florida street address	for Registered Agent)	
- 0	ration System	
(Registered Agent must sign here to accept design	ation as Régistered Agent for Service of Process)	
6. 9 Fiesta Way, Ft. Lauderdale, Florida 33467		
(Mailing Address of th	e Limited Partnership)	
	, mg	<u>د</u>
7. The latest date upon which the Limited Partr8. Name(s) of general partner(s):	nership is to be dissolved is: 2038 Street address:	
o. Name(s) of general partie(s).	officer address.	G.
Orion Fund Management, Inc.	9 Fiesta Way, Ft. Lauderdale, FL 33467	Ĵ٦
PO3-34276		
		
		O
Under penalties of perjury I (we) declare that I	(we) have read the foregoing and know the	
contents thereof and that the facts stated herein		
Signed this 21st day of March		
Signature of all general partners:		
	· · · · · · · · · · · · · · · · · · ·	
General Partner	General Partner	
General Partner	General Partner	
General Partner	General Partner	

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general	partners of	
Orion Capital Markets Growth Fund, Limited Part	tnership	,
a Florida Limited Partnership, certify:		
The amount of capital contributions to date of t	he limited partners is \$ 0	 *
The total amount contributed and anticipated to totals \$ 10,000,000	be contributed by the limited partners at t	his time
totals \$_10,000,000		
Signed this 21st day of March		87
FURTHER AFFIANT SAYETH NOT.	23- 23- 23- 23- 23- 24- 24- 24- 24- 24- 24- 24- 24- 24- 24	(#37 기 원
Under the penalties of perjury I (we) declare the contents thereof and that the facts stated herein		w the
	ADA	ب. ش
General Partner	General Partner	
General Partner	General Partner	
General Partner	General Partner	