

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

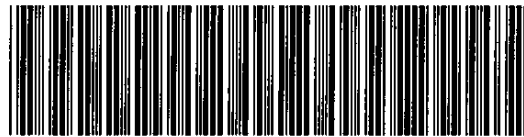
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700082394397

12/11/06--01078--013 **1207.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 11 PM 1:56

LAW OFFICES
Reichstein and Lapat
an association of individual attorneys

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nysbar.com

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 425-2900
(312) 425-2901 (Fax)

Please Reply to Florida Office

October 24, 2006

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 11 PM 1:56

RE:	AAA Alpha Beta Hedge Fund, L.P.	\$ 1052.50
	<u>AAA Alpha Beta Hedge Fund Management, LLC</u>	<u>\$ 155.00</u>
		\$ 1207.50

Dear Sir or Madam:

Enclosed herein please find in original triplicate form one Articles of Organization for a Limited Liability Company and one Certificate of Limited Partnership for the above-referenced entities. Also enclosed is a check representing the fees for these filings in the amount of \$1207.50.

Please return file-stamped copies of these filings to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at (954) 345-6442.

Very truly yours,

Shea DeRosa

Shea DeRosa

asd
enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA Alpha Beta Hedge 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:

Shea DeRosa

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 University Drive, Suite 311

(Address)

Coral Springs, FL 33065

(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 11 PM 1:56

For further information concerning this matter, please call:

Shea DeRosa

(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)

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

1. AAA Alpha Beta Hedge 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. 401 W. Linton Blvd., Suite 300

(Street address of initial designated office)

Delray Beach, FL 33444

3. Jerry A. DesiDerio

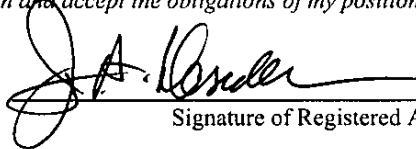
(Name of Registered Agent for Service of Process)

4. 401 W. Linton Blvd., Suite 300

(Florida street address for Registered Agent)

Delray Beach, FL 33444

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. 401 W. Linton Blvd., Suite 300

(Mailing address of initial designated office)

Delray Beach, FL 33444

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 11 PM 1:56

8. Name and business address of each general partner:

Name:

Business Address:

AAA Alpha Beta Hedge Fund Management, LLC

401 W. Linton Blvd., Suite 300

Delray Beach, FL 33444 *LD 1000118114*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 11 PM 1:56

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 7 day of November, 2006

Signature of each general partner:

Kenneth W Brown
J.A. Resuder
Beth Brown

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75