

170700000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

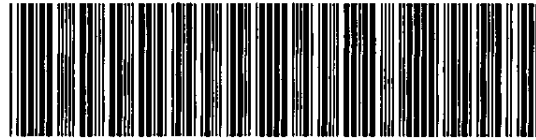
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/21/07--01034--017 \*\*1362.50

~~02/21/07--01034--017 \*\*1362.50~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TURN KEY HEDGE FUNDS, INC.**

**www.turnkeyhedgefunds.com**

3300 University Drive  
Suite 311  
Coral Springs, Florida 33065  
(954) 345-6442  
(954) 344-0288 (Fax)  
*Please Reply to Florida Office*

221 North La Salle Street  
Suite 1137  
Chicago, Illinois 60601  
(312) 641-3723  
(954) 344-0288 (Fax)

February 9, 2007

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

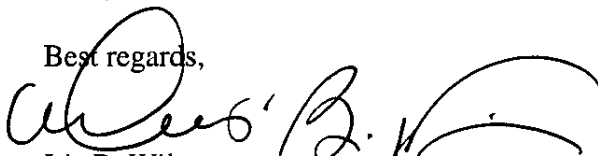
RE:	<b>Knight Fox Currency Opportunity Fund, L.P.</b>	<b>\$1000</b>
	<b>Certified Copy</b>	<b>\$52.50</b>
	<b>Knight Fox Capital Management, LLC</b>	<b>\$125</b>
	<b>Certified Copy</b>	<b>\$30.00</b>
	<b>Moretti Capital Advisors, LLC</b>	<b>\$125</b>
	<b><u>Certified Copy</u></b>	<b><u>\$30.00</u></b>
		<b>\$1362.50</b>

Dear Sir or Madam,

Please find enclosed herewith two Articles of Organization and one Certificate of Limited Partnership, all in original triplicate, for the above-referenced entities. Accompanying these submissions is a check in the sum of \$1362.50 representing the certified copies.

Please file the foregoing as appropriate and return to this office file-stamped copies of same as receipt thereof. A self-addressed stamped envelope is enclosed for your convenience.

Best regards,

  
Iris B. Wilson

ibw  
enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Knight Fox Currency Opportunity 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:

Iris Wilson

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 N. University Drive, Suite 311

(Address)

Coral Springs, Florida 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

Iris Wilson

(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. Knight Fox Currency Opportunity 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. 801 Brickell Avenue, 9th Floor

(Street address of initial designated office)

Miami, Florida 33131

3. David Adams

(Name of Registered Agent for Service of Process)

4. 801 Brickell Avenue, 9th Floor

(Florida street address for Registered Agent)

Miami, Florida 33131

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. 801 Brickell Avenue, 9th Floor

(Mailing address of initial designated office)

Miami, Florida 33131

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Knight Fox Capital Management, LLC

801 Brickell Avenue, 9th FL.

Miami, Florida 33131

LO7-20166



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_ day of \_\_\_\_\_.

Signature of each general partner:

  
  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**