

Division of Corporations

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AH 000000715

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : POWLER, WHITE 2
Account Number : I19990000148
Phone : (813) 769-7692
Fax Number : (813) 228-9401

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: phillip.gibbs@fowlerwhite.com

2011 SEP 28 AM 8:44
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TALLAHASSEE, FLORIDA

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11 SEP 28 PM 4:05
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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
Global Macroeconomic Fund I, LP**

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,000.00 |

T. CLINE

SEP 29 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. Global Macroeconomic Fund I, 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 LLLP.

2. 1390 South Dixie Highway, Suite 1304

(Street address of initial designated office)

Coral Gables, FL 33146

3. Fowler White Boggs P.A., Attn: J. Phillip Gibbs

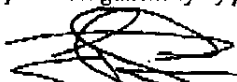
(Name of Registered Agent for Service of Process)

4. 50 North Laura Street, Suite 2800

(Florida street address for Registered Agent)

Jacksonville, FL 32202

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. 1390 South Dixie Highway, Suite 1304

(Mailing address of initial designated office)

Coral Gables, FL 33146

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

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8. Name and business address of each general partner:

Name:

Business Address:

West Basin Capital, LLC

1390 South Dixie Highway, Suite 1304

LL-94849

Coral Gables, FL 33146

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 28th day of September, 2011

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

West Basin Capital, LLC

By

Name:

Will Mason

Title:

Sole Member

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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