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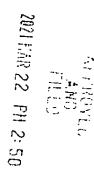
(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BLACK CROWN CAPITAL FUNI	D, LP	
	artnership or Limited Liability Limited Partnership	
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.	
Please return all correspondence concerning	this matter to:	
HARRISON HELMS		
Contact Person		
BLACK CROWN CAPITAL, LLC		
Firm/Company 1317 EDGEWATER DRIVE #3888		
Address ORLANDO, FLORIDA 32804		
City, State and Zip Code		
helms.harrison@gmail.com	**************************************	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter	ter, please call:	
A. BRADLEY RANDALL	480 330-5003	
Name of Contact Person	at () Area Code and Daytime Telephone Number	
Enclosed is a check for the following amour	nt:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	S1,052.50 Filing Fees S1,061.25 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	
CR2E030 (6/17)		

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

•	FAL FUND, LP
artnership sutfixes: Limited I	or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership ited Partnership, L.L.L.P, or LLLP
1317 EDGEWATER DR	(IVE #3888
ORLANDO, FLORIDA	(Street address of initial designated office) \(\chi 32804\)
HARRISON HELMS	
	(Name of Registered Agent for Service of Process)
1317 EDGEWATER DR	RIVE #3888
ORLANDO, FLORIDA	(Florida street address for Registered Agent)
with the provisions of all sto	ointment as registered agent and agree to act in this capacity. I further agree to con atutes relative to the proper and complete performance of my duties, and I am famili ions of my position as registered agent.
	Hans- Hel
- 1317 EDGEWATER DR	Signature of Registered Agent RIVE #3888

Page 1 of 2

8. Name and business address of each ger Name:			Business Address:		
Black Crown Capital Partners, LLC		131	7 EDGEWATER DRIVE	/3888	
		ORI	LANDO, FL 32804		
					
	•·				
				· · · · · · · · · · · · · · · · · · ·	
9. Effective date,	if other than th	ne date of filing:	MARCH 01, 2021		
the Florida Depart Note: If the date in	<i>tment of State.</i> aserted in this) block does not m	neet the applicable stat	the document is filed by utory filing requirement rtment of State's record	
Signed this	131-	day of	March	7021	
herein are true. I/V	Ve am/are awa te constitutes a	re that any false	is document and affiring information submitted only as provided for in	I in a document to the	
Filing Fees: Certified Copy (o	ptional):	\$52.50	\$965 Filing Fee and \$35 R	egistered Agent Fee)	

Page 2 of 2