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04 JUL - 9 PM 12:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS



INVESTMENT MANAGEMENT INC.

July 6, 2004

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Registration of an out-of-state Limited Partnership

Please find enclosed a check and complete form for each of the following Limited Partnerships:

Hirst MetaStrategy Fund LP
Hirst MetaStrategy Institutional Fund LP
Hirst Chimera Fund LP
Global Asset Fund LP

If you have any questions, please contact me at (407) 805-0800 or by email,
Melinda@hirst.net.

Regards,

Melinda M. Shumaker
COO

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 JUL -9 PM 12:43

Acknowledgments to this address 2

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. HIRST METASTRATEGY INSTITUTIONAL FUND LP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. DELAWARE 4. JULY 31, 2002
(State of Formation) (Date of Formation)
5. MELINDA M. SHUMAKER
(Name of Registered Agent for Service of Process)
6. 100 COLONIAL CENTER PKWY, STE 140
(Street Address of Registered Office)
- LAKE MARY, Florida 32746
(City) (Zip Code)

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CLERK OF STATE
DIVISION OF CORPORATIONS

7. Acceptance by the Registered Agent for Service of Process:

Melinda M. Shumaker
(Agent must sign on this line)

8. 1201 ORANGE ST, STE 600, WILMINGTON, NEW CASTLE COUNTY, DE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

HIRST INVESTMENT MANAGEMENT INC.

564002

100 COLONIAL CENTER PKWY, STE 140, LAKE MARY, FL 32746

10. 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY, FL 32746
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY, FL 32746

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 6TH day of JULY, 2004

FB0 6P BY IT'S COO Melinda Shumaker
General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 6TH day of JULY, 2004

MELINDA M. SHUMAKER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

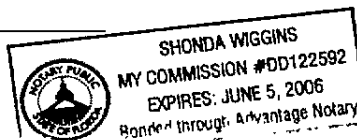
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CLERK OF STATE
DIVISION OF CORPORATIONS

Shonda Wiggins
(Notary Public Signature)

SHONDA WIGGINS
(Notary's Printed Name)

Seal

My Commission Expires: _____



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MELINDA SHUMAKER, COO of
a general partner of HIRST METASTRATEGY INSTITUTION, a (an) DELAWARE
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 6TH day of JULY, 2004.

FBO GP BY IT'S COO Melinda Shumaker
General Partner

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DIVISION OF STATE
SECRETARY OF CORPORATIONS

STATE OF FLORIDA
COUNTY OF SEMINOLE

On this 6TH day of JULY, 2004,

MELINDA M. SHUMAKER, personally appeared before me,

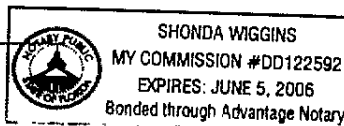
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Shonda Wiggins
(Notary Public Signature)

SHONDA WIGGINS

(Notary's Printed Name)



Seal

My Commission Expires: _____