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Tot

Division of Corporations

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Account Name

: CORPORATION SERVICE COMPANY

Phone

Account Number : 120000000195 : (850)521-1000

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: (850)558-1575

FLORIDA/FOREIGN LP/LLP

DSC ALPHA, L.P.

| Certificate of Status | 0 |
|-----------------------|------------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$1,000.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

| _{I.} DSC Alpha, L.P. | |
|---|---|
| Acceptable Limited Parinership suffices: Limite | iability Limited Partnership, which must include sufflx) td Partnership, Limited, L.P., LP, or Ltd. p suffixes: Limited Liability Limited Partnership, L.L.L.P. |
| or LLLP. | • |
| (If name unavailable, name under which the | limited partnership or limited liability limited partnership |
| proposes to register to transact busin | ness in Florida; must contain acceptable suffix.) |
| _{2.} Delaware | 3. October 12, 2005 |
| (State or Country of Formation) | (Date of Formation) |
| 4. Marc Spungin | |
| | d Agent for Service of Process) |
| 5. 3148 San Michele Drive, | , Palm Beach Gardens, Florida 33418 |
| (Florida street ad | dress for Registered Agent) |
| | |
| | d agent and agree to act in this capacity. I fin ther agree to e to the proper and complete performance of my duties, of my position as registered agent. |
| Mars Signature | AFD anistanad A cent |
| , , | |
| | Palm Beach Gardens, Florida 33418 |
| (Princi) | pai office address) |
| | ` |
| 8. If limited partnership is a limited liab | ility limited partnership, check box |

Page 1 of 3

| 9. 3148 San Michele Drive, Palm Beach Gardens, Florida 33418 (Mailing address) | | |
|--|--|------------|
| 10. Name, principal office address, and mailing address of each general partner: | | |
| DSC Alpha Advisors, LLC | 3148 San Michele Drive, Palm Beach Gardens, FL 33418 | . = |
| (Name) MDU-1008 | (Street Address) | |
| , 4000 | (Mailing Address) | |
| (Name) | (Street Address) | <u>.==</u> |
| | (Mailing Address) | |
| (Name) | (Street Address) | |
| | (Mailing Address) | |
| (Name) | (Street Address) | |
| | (Mailing Address) | - |

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| (Nems) | (Street Address) |
|---|--|
| | (Malling Address) |
| (Name) | (Street Address) |
| | (Mailing Address) |
| | |
| 11. Effective date, if other than the date of | f Sting |
| (Effective date cannot be prior to n filed by the Florida Department of | tor more than 90 days after the date this document is State.) |
| to the delivery of this application to | tence duly authenticated, not more than 90 days prior on the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the |
| Signed this <u>lst</u> day | of November 20 08 |
| Signature of segeneral partner: | |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (2965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 |

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DSC ALPHA, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DSC ALPHA, L.P." WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2005.



4044216 8300

061004888

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5165072

DATE: 11-01-06