Electronic Filing Cover Sheet

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(((H06000266905 3)))



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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

FLORIDA/FOREIGN LP/LLP

DSC SHORT 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

ı DSC Short Alpha, L.P.	_
Acceptable Limited Partnership suffixes: Limited.	bility Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P.
(If name unavailable, name under which the lin proposes to register to transact busines	nited partnership or limited liability limited partnership ss in Florida; must contain acceptable suffix.)
_{2.} Delaware	_{3.} October 12, 2005
(State or Country of Formation)	(Date of Formation)
4. Marc Spungin	
(Name of Registered A	Agent for Service of Process)
5 3148 San Michele Drive, I	Palm Beach Gardens, Florida 33418
(Florida street addr	ess for Registered Agent)
5. I hereby accept the appointment as registered a comply with the provisions of all statutes relative to and I am familiar with an accept the obligations of	igent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent.
My Jord Wignature of	Registered Agent
. 3148 San Michele Drive, Pa	lm Beach Gardens, Florida 33418
. (Principal	office address)
3. If limited partnership is a limited liabilit	ty 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	
(Naroe) MUC-UUS	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

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06 NOV -2 AM 8: 54

(Name)	(Sirect Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of filing	2
(Effective date cannot be prior to nor m filed by the Florida Department of State	ore than 90 days after the date this document is :.)
12. Attached is a certificate of existence	duly authenticated, not more than 90 days prior
State or other official having custody of	Florida Department of State, by the Secretary of the entity's records in the jurisdiction under the
State or other official having custody of law of which it is organized.	rioride Department of State, by the Secretary of the entity's records in the jurisdiction under the November
State or other official having custody of law of which it is organized.	the entity's records in the jurisdiction under the

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\$52.50

\$8.75

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

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DSC SHORT 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 SHORT ALPHA, L.P." WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2005.



4044217 8300

061004522

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5164854

DATE: 11-01-06