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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : GREENBERG TRAURIG (WEST PALM BEACH)
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FLORIDA/FOREIGN LP/LLP

Innovative Options Fund, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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

1. Innovative Options Fund, 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.(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)2. Delaware

(State or Country of Formation)

3. March 22, 2005

(Date of Formation)

4. Stephen D. Susano

(Name of Registered Agent for Service of Process)

5. 1111 Brickell Avenue, 11th Floor

(Florida street address for Registered Agent)

Miami, FL 33131

6. 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 Agent7. 1111 Brickell Avenue, 11th Floor

(Principal office address)

Miami, FL 331318. If limited partnership is a limited liability limited partnership, check box ☐

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9. 1111 Brickell Avenue, 11th Floor

(Mailing address)

Miami, FL 33131

10. Name, principal office address, and mailing address of each general partner:

Innovative Options Strategies, LLC

(Name)

1111 Brickell Avenue, 11th Floor

Miami, FL 33131

1111 Brickell Avenue, 11th Floor

Miami, FL 33131

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

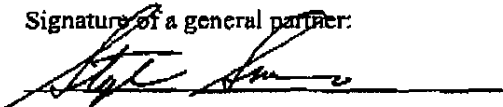
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 29th day of May, 20 07

Signature of a general partner:



Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVE OPTIONS FUND, LP" 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2007.

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3943866 8300
070468136



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5617229

DATE: 04-24-07

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