

BDB0000000240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

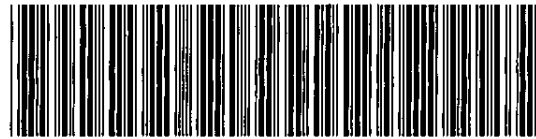
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV - 5 2008

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 NOV -4 AM 11:30

*LAW OFFICES*  
**Reichstein and Lapat**  
an association of individual attorneys

3300 University Drive  
Suite 311  
Coral Springs, Florida 33065  
(954) 345-6442  
(954) 344-0288 (Fax)

221 North La Salle Street  
Suite 1137  
Chicago, Illinois 60601  
(312) 425-2900  
(312) 425-2901(Fax)

*Please Reply to Florida Office*

Michael Lapat  
admitted to Practice in:  
Florida, Illinois & New York  
[mlapat@nysbar.com](mailto:mlapat@nysbar.com)

October 24, 2008

Florida Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: SFS INTERNATIONAL CURRENCY & INCOME FUND I, L.P.**  
**Foreign Filing Including Certified Copy of L.P.**

**\$1,052.50**

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entity. Accompanying this submission is a **check in the sum of \$1,052.50** representing the filing fees for this formation.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,

  
Julie Hancock

jh  
enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SFS INTERNATIONAL CURRENCY & INCOME FUND I, L.P.  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

MICHAEL LAPAT

(Contact Person)

LAW OFFICES OF MICHAEL LAPAT

(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311

(Address)

CORAL SPRINGS FL 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

JULIE HANCOCK

(Name of Contact Person)

at ( 954 ) 345-6442

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

1. SFS INTERNATIONAL CURRENCY & INCOME FUND I, L.P.

(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 3. 10-23-2008

(State or Country of Formation)

(Date of Formation)

4. KRISTI LEFFERTS

(Name of Registered Agent for Service of Process)

5. 3300 UNIVERSITY DRIVE, SUITE 311

(Florida street address for Registered Agent)

CORAL SPRINGS FL 33065

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 Agent

7. 3300 UNIVERSITY DRIVE, SUITE 311

(Principal office address)

CORAL SPRINGS FL 33065

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 3300 UNIVERSITY DRIVE, SUITE 311

(Mailing address)

CORAL SPRINGS FL 33065

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

SFS INTERNATIONAL CURRENCY MANAGEMENT, LLC

(Name)

3300 UNIVERSITY DRIVE, SUITE 311

(Street Address)

CORAL SPRINGS FL 33065

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(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 30<sup>th</sup> day of OCTOBER, 202008.

Signature of a general partner:

  
 KRISTI LEFFERTS, MANAGER, SFS INTERNATIONAL CURRENCY MANAGEMENT, LLC

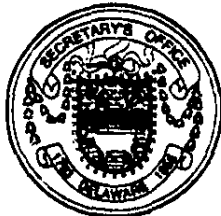
<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SFS INTERNATIONAL CURRENCY & INCOME FUND I, 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2008.



4615188 8300

081064076

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6930409

DATE: 10-24-08