

B 09 000000061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

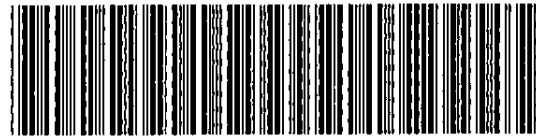
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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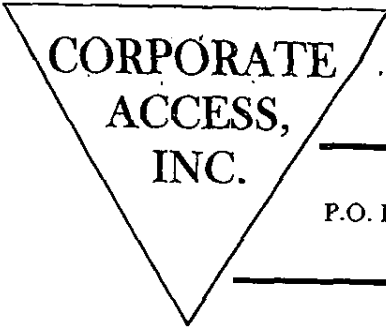
RECEIVED  
09 MAY 15 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
09 MAY 15 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAY 15 2009

EXAMINER



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

5/15/09 *Amelia*

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\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

*LP*

FILED  
 09 MAY 15 PM 1:35  
 TALLAHASSEE, FLORIDA

1. Alterna Tax Certificate Fund I LP  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

FILED  
09 MAY 15 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Alterna Tax Certificate Fund I 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. \_\_\_\_\_

(Date of Formation)

4. Robert L. Konrad

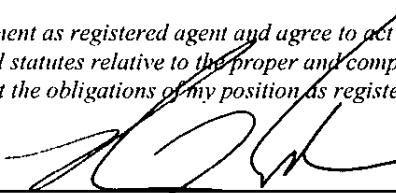
(Name of Registered Agent for Service of Process)

5. 6600 North Andrews Ave., Suite 282

(Florida street address for Registered Agent)

Ft. Lauderdale FL 33309

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

SIGN HERE

7. 6600 North Andrews Ave., Suite 282

(Principal office address)

Ft. Lauderdale FL 33309

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

9. 6600 North Andrews Ave., Suite 282

(Mailing address)

Ft. Lauderdale FL 33309

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

Alterna Capital Management, LLC

(Name)

L07000031365

6600 North Andrews Ave., Suite 282

(Street Address)

Ft. Lauderdale FL 33309

6600 North Andrews Ave., Suite 282

(Mailing Address)

Ft. Lauderdale FL 33309

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

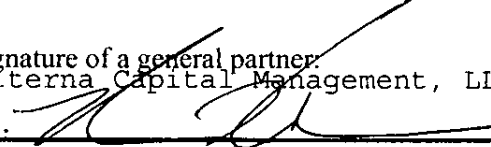

\_\_\_\_\_  
(Mailing Address)

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 13 day of May, 2009.

Signature of a general partner:  
Alterna Capital Management, LLC  
By:  

Robert L. Konrad  
Title: MO

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

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTERNA TAX CERTIFICATE FUND I 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 FOURTEENTH DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTERNA TAX CERTIFICATE FUND I LP" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4687028 8300

090474149

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7302591

DATE: 05-14-09