BIDDOOOOO

	(Red	juestor's Name)
	hhA)	ress)	
	, , , , ,		
	(Add	ress)	
	(City	/State/Zip/Phor	ie #)
PICK-UF	>	☐ WAIT	MAIL
	(Bus	iness Entity Na	me)
-	(Doo	ument Number	<u>, </u>
	יטטע	ument Number	,
		•	
Certified Copies		Certificate	s of Status
,			

Special Instructions to Filing Officer:

L. SELLERS

JAN 14 2010

EXAMINER

Office Use Only



600163643786

01/13/10--01027--017 **1052.50

SECRETARY OF STAFF

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)

admitted to Practice in: Florida, Illinois & New York mlapat@nysbar.com

Please Reply to Florida Office
Michael Lapat

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

January 7, 2010

Florida Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: REDCHIP ASIAN-AMERICAN GROWTH FUND, L.P.

Foreign LP to Transact Business in Florida
Including Certified Copy

\$ 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 copy of same as receipt thereof.

Regards,

Julie Hancock

Julie Hanceck

jh

enclosure

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: REDCHIP ASIAN-AMERICAN GROWTH FUND, 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 REICHSTEIN & LAPAT Firm/Company				
3300 UNIVERSITY DRIVE, SUITE 311 Address				
CORAL SPRINGS FL 33065 City, State and Zip Code				
julieh@turnkeyhedgefunds.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JULIE HANCOCKat (954) 345-6442				
Name of Contact Person Area Code and Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c				
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 BUSINES IN FLORIDA

	f name unavailable, name under which the lin proposes to register to transact busine		
2	DELAWARE	3.	01-04-2010
	DELAWARE State or Country of Formation	I	Date of Formation
4.	RAYMO	OND D. GEN	ITRY
	Name of Registered		· · · · · · · · · · · · · · · · · · ·
5.	500 WINDERL	EY PLACE.	SUITE 100
- '—	Florida street add		
	1 ioi ida siteet add	fress for Registe	ered Agent
		AND FL 327	_
comp	MAITLA hereby accept the appointment as registered bly with the provisions of all statutes relative I am familiar with an accept the obligations of	ND FL 327 I agent and agree to the proper ar	e to act in this capacity. I further agree to act on this capacity. I further agree to and complete performance of my duties, s registered agent.
comp	MAITLA hereby accept the appointment as registered bly with the provisions of all statutes relative I am familiar with an accept the obligations of	AND FL 327 I agent and agree to the proper arof my position as	e to act in this capacity. I further agree to act on this capacity. I further agree to add complete performance of my duties, is registered agent.
comp	MAITLA thereby accept the appointment as registered ply with the provisions of all statutes relative am familiar with an accept the obligations of Signature of 500 WINDERL	AND FL 327 I agent and agree to the proper arof my position as	e to act in this capacity. I further agree to act omplete performance of my duties, s registered agent. SUITE 100

9 500 WIND	DERLEY PLACE, SUITE 100
	(Mailing address)
MA	ITLAND FL 32751
	and mailing address of each general partner:
REDCHIP ASIAN-AMERICAN MANAGEMENT, LLC	FOO MAINIDEDLEW DLAGE OURTE 400
Name	500 WINDERLEY PLACE, SUITE 100 Street Address
Name	MAITLAND FL 32751
	500 WINDERLEY PLACE, SUITE 100
	Mailing Address MAITLAND FL 32751
Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address
	···
Name	Street Address
	Mailing Address

Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
RAYMOND D. GENTRY, MANAGER REDCHIP ASIAN-AMERICAN MANA	OF GENERAL PARTNER GEMENT, LLC
Signature of a general partner:	
Signed this day	of
to the delivery of this application to	tence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the
(Effective date cannot be prior to not filed by the Florida Department of t	or more than 90 days after the date this document is State.)
11. Effective date, if other than the date of	filing:
	Mailing Address
Name	Street Address
	Mailing Address
Name	Street Address

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDCHIP ASIAN-AMERICAN GROWTH FUND, 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 FIFTH DAY OF JANUARY, A.D. 2010.

4772848 8300

100010165

500 TION 7738763

AUTHENTICATION: 7738763

DATE: 01-05-10