Fax Server Division of Corporation Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 : (850)521-1000 Phone

Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA/FOREIGN LP/LLLP GALBRAITH SYSTEMATIC ARBITRAGE FUND, LP

Certificate of Status	0	
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Corporate Filing Menu

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7/6/2010

Fax Server

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FILED

10 JUL -6 AM 8: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

LGalbraith Systematic Arbitrage Fund, LP

(Name of Limited Partnership or Limited Liabilj Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suff 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. 12/16/09	
(State or Country of Formation)	(Date of Formation)	
4 Steve Greezek		
(Name of Registered Age	ent for Service of Process)	
5, 100 Main Street, Suite 202		
	s for Registered Agent)	
Safety Harbor, Florida 34695		
6. I hereby accept the appointment as registered ago comply with the provisions of all statutes relative to to and I am familiar with an accept the obligations of m		
Steve Greezek		
By: Signature of R	egistered Agent	
7. 100 Main Street, Suite 202 (Principal of	ffice address)	
Safety Harbor, Florida 34695		
8. If limited partnership is a limited liability	limited partnership, check box	

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• •

9. 100 Main Street, Suite 202	
	(Mailing address)
Safety Harbor, Florida 34695	
10. Name, principal office address, a	and mailing address of each general partner:
Galbraith Capital, L.L.C.	100 Main Street, Suite 202
mo4- 3439	Safety Harbor, Florida 34695
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

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. . .

(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
11 Effective date, if other than the date of filing:	; [ALI	10 J
	than 90 days after the date this document is	FILED
to the delivery of this application to the Flor	ly authenticated, not more than 90 days prior rida Department of State, by the Secretary of entity's records in the jurisdiction under the	8: 02 FLORIDA
Signed this day ofJuly	,20 10	
Signature of a general partner:	<u>.</u> K	
Filing Fees: \$1,000 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	0.00 (\$965 Filing Fee and \$35 Registered Agent Fee)	

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GALBRAITH SYSTEMATIC ARBITRAGE
FUND, LF" 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 SIXTH DAY OF JULY, A.D.
2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALBRAITH SYSTEMATIC ARBITRAGE FUND, LP" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4765562 8300

100718062

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Jeffrey W. Bullack, Secretary of State

AUTHENTICATION: 8096509

DATE: 07-06-10