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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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10 SEP -3 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA/FOREIGN LP/LLLP
Alpha Venture Capital Partners, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,000.00

10 SEP -3 AM 8:07

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

SEP - 7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA VENTURE CAPITAL PARTNERS, 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:

Cindy Lukey
Contact Person
Fox, Hefler, Swibel, Levin & Carroll, LLP
Firm/Company
200 W. Madison Street, Suite 3000
Address
Chicago, Illinois 60606
City, State and Zip Code
clukey@fhslc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Nolan at (312) 288-3525
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
☐ \$1,008.75 Filing Fees and Certificate of Status
☐ \$1,052.50 Filing Fees and Certified Copy
☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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. ALPHA VENTURE CAPITAL PARTNERS, 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. SEPTEMBER 2, 2010
State or Country of Formation Date of Formation

4. C T Corporation System
Name of Registered Agent for Service of Process

5. 1200 South Pine Island Road
Florida street address for Registered Agent
Plantation, Florida 33324

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.

By: James M. Halpin
C/T Corporation System Assistant Secretary
Signature of Registered Agent

7. 2026 Crystal Wood Drive, Lakeland, FL 33801
Principal office address

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

9. 2026 Crystal Wood Drive, Lakeland, FL 33801
(Mailing address)

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

ALPHA VENTURE CAPITAL MANAGEMENT, LLC
Name

2026 Crystal Wood Drive, Lakeland, FL 33801

2026 Crystal Wood Drive, Lakeland, FL 33801

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
_____	_____
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_____	Mailing Address
_____	_____

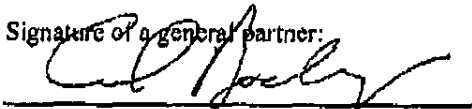
11. Effective date, if other than the date of filing: _____

(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 3rd day of SEPTEMBER, 20 10

Signature of a general partner:



ALPHA VENTURE CAPITAL MANAGEMENT, LLC
By: Carl Dockery, Manager

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 "ALPHA VENTURE CAPITAL PARTNERS, 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 THIRD DAY OF SEPTEMBER, A.D. 2010.

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

4867756 8300

100884482

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8209956

DATE: 09-03-10