B10000000177

(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:

L. SELLERS

NOV - 5 2010

EXAMINER

Office Use Only



800187331498

11/04/10--01029--016 **1052.50

THE TANK THE STATE OF THE PARTY OF THE PARTY

LAW OFFICES Michael Lapat

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

Please Reply to Florida Office

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

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

November 1, 2010

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

RE:

<u>SILVER LINING ASSET PARTNERS, L.P.</u>
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,

enclosure

Julie Hancock

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SILVER LINING ASSET 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 partnership to transact business in Florida. Please return all correspondence concerning this matter to:	ρ or limited liability limited
MICHAEL LAPAT	
Contact Person	
LAW OFFICES OF MICHAEL LAPAT	
Firm/Company	
3300 N 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 HANCOCK at (954) 345-6442	
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 \$1,008.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STDEET ADDDESS. MAILING ADDDESS.	

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

	LITY LIMITED PARTNERSHIP CT BUSINESS IN FLORIDA
1. SILVER LINING ASSET PARTNERS, L.P.	
(Name of Limited Partnership or Limited Liab Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	
	ership or limited liability limited partnership proposes to register to transact da; must contain acceptable suffix.
2. DELAWARE	3. 10-27-2010
State or Country of Formation	Date of Formation
4. Name of Registered Agent for Service of Process and	Florida Street Address:
JEREMY SALSBURG	
1020 SE 13TH TERRACE	
FORT LAUDERDALE FL 33316	
of all statutes relative to the proper and complete pe rfor my position as registered agent.	dagree to act in this capacity. I further agree to comply with the provisions rmance of my duties, and I am familiar with and accept the obligations of are of Registered Agent 8. Mailing Address:
SILVER LINING ASSET PARTNERS, L.P.	SILVER LINING ASSET PARTNERS, L.P.
1020 SE 13TH TERRACE	1020 SE 13TH TERRACE
FORT LAUDERDALE FL 33316	FORT LAUDERDALE FL 33316
9. If limited partnership is a limited liability limited par	rtnership, check box
10. Name, principal office address, and mailing address	s of each general partner:
Name of General Partner: SILVER LINING ASSET MANAGER	MENT, LLC Name of General Partner:
Street Address: 1020 SE 13TH TERRACE	Street Address:
FORT LAUDERDALE FL	33316
Mailing Address: 1020 SE 13TH TERRACE	Mailing Address:
FORT LAUDERDALE FL	
Name of General Partner	Name of Coneral Portner

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
1. Effective date, if other than the date of filing Effective date cannot be prior to nor more than 9	g: O days after the date this document is filed by the Florida Department of State.)
2. Attached is a certificate of existence duly authorida Department of State, by the Secretary of S he law of which it is organized.	enticated, not more than 90 days prior to the delivery of this application to the tate or other official having custody of the entity's records in the jurisdiction under
Signed this 1ST day of NOV	
The individual signing this document affirm that the submitted in a document to the Department of States	Signature of a general partner ne facts stated herein are true and the individual is aware that false information to constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional)	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 : \$8.75

Page 2 of 2

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVER LINING ASSET 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2010.

4890106 8300

101039666

AUTHENTICATION: 8319228

DATE: 10-29-10