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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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FLORIDA/FOREIGN LP/LLLP
Alpha venture Capital Fund, L.P.

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

A. LUNT
NOV 12 2010
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA VENTURE CAPITAL 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:

Cynthia Lukey

Contact Person

Fox, Hefter, Swibel, Levin & Carroll, LLP

Firm/Company

200 W. MADISON ST., STE. 3000

Address

CHICAGO, IL 60606

City, State and Zip Code

clukey@fhslo.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

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TALLAHASSEE, FLORIDA

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

1. ALPHA VENTURE CAPITAL FUND, 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.P.,
or L.L.P.

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. NOVEMBER 8, 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 James M. Halpin
Signature of Registered Agent Assistant Secretary

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

Street Address

2026 Crystal Wood Drive, Lakeland, FL 33801

M1-3936

Name _____

Street Address S-20
M-1

Mailing Address

Name _____

Street Address

Mailing Address

Name _____

Street Address

Mailing Address

REC'D CLERK OF STATE
TALLAHASSEE, FLORIDA

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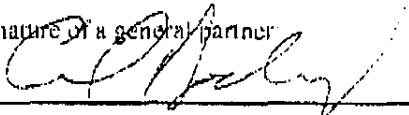
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document 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 10TH day of NOVEMBER, 2010

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):	\$ 2.50
Certificate of Status (optional):	\$ 8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPHA VENTURE CAPITAL 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 NINTH DAY OF NOVEMBER, A.D. 2010.


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

4895552 8300

101068539

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8341753

DATE: 11-09-10