

B11000000/56

(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:

A. LUNT

AUG - 8 2011

EXAMINER

Office Use Only



400210751444

08/05/11--01034--010 **1052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG - 5 PM 3:39

FILED

LAW OFFICES
Michael Lapat

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

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

Please Reply to Florida Office

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

August 3, 2011

Florida Secretary of State
Division of Corporations
2661 W Executive Center Circle
PO Box 6327
Tallahassee, FL 32314

RE: TSP CAPITAL PARTNERS, 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

jh
enclosure

FILED
2011 AUG -5 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSP 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:

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:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$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

2011 AUG -5 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. TSP 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

State or Country of Formation

3. 07-27-2011

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

DAVID J. DISPENNETTE

5248 PLANTATION HOME WAY

PORT ORANGE FL 32128

5. 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.

David J. Dispennette
Signature of Registered Agent

7. Principle Office: (Florida Street Address)

TSP CAPITAL PARTNERS, L.P.

5248 PLANTATION HOME WAY

PORT ORANGE FL 32128

8. Mailing Address:

TSP CAPITAL PARTNERS, L.P.

5248 PLANTATION HOME WAY

PORT ORANGE FL 32128

2011 AUG -5 PM 3:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

TSP CAPITAL

Name of General Partner: MANAGEMENT, LLC

Name of General Partner: _____

Street Address: 5248 PLANTATION HOME WAY

Street Address: _____

PORT ORANGE FL 32128

Mailing Address: 5248 PLANTATION HOME WAY

Mailing Address: _____

PORT ORANGE FL 32128

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ 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 4th day of AUGUST, 20 11.

David Dispennette
Signature of a general partner

DAVID DISPENNETTE, MANAGER
TSP CAPITAL MANAGEMENT, LLC

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

2011 AUG -5 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

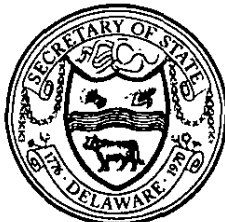
FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TSP 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2011.



5016003 8300

110866144

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

AUTHENTICATION: 8932345

DATE: 07-28-11