

B12 000000213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

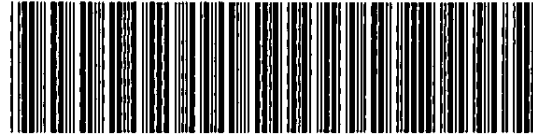
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2012 SEP 19 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 20 2012

EXAMINER

LAW OFFICES
Michael Lapat

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

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

Please Reply to Florida Office

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York

September 11, 2012

Florida Secretary of State
Division of Corporations
2661 W Executive Center Circle
Clifton Building
Tallahassee, FL 32301

**RE: AFQR FX STRATEGIES, 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.

Per the secretary of state office, the manager has provided a signed Affidavit giving consent to use his existing LLC name of AFQR FX STRATEGIES, LLC for the filing of his Limited Partnership.

Please file the foregoing as appropriate and return to this office file-stamped/certified copy of same as receipt thereof.

Regards,


Julie Hancock

enclosure

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2012 SEP 19 AM 11:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFQR FX STRATEGIES, 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 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

\$1,052.50 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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MAY 19 AM 11:21
TALLAHASSEE, FLORIDA

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

1. AFQR FX STRATEGIES, 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. 09-07-2012

Date of Formation

4. Federal Employer Identification Number: applied for

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

RIAZ SHAH GILANI

700 BILTMORE WAY, SUITE 401

CORAL GABLES FL 33134

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.


Signature of Registered Agent

7. Principal Office:

700 BILTMORE WAY

SUITE 401

CORAL GABLES FL 33134

8. Mailing Address:

700 BILTMORE WAY

SUITE 401

CORAL GABLES FL 33134

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

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

Name of General Partner: AFQR CAPITAL MANAGEMENT, LLC

Street Address: 700 BILTMORE WAY, SUITE 401

CORAL GABLES FL 33134

Mailing Address: 700 BILTMORE WAY, SUITE 401

CORAL GABLES FL 33134

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

41-102422

RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
SEP 19 2012

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

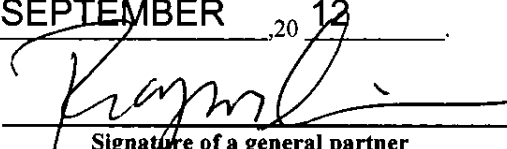
Street Address: _____ Street Address: _____

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 11 day of SEPTEMBER, 20 12.



Signature of a general partner

RIAZ SHAH GILANI, MANAGER OF
GENERAL PARTNER, AFQR 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT

STATE OF FLORIDA)
) :ss.
COUNTY OF MIAMI-DADE)

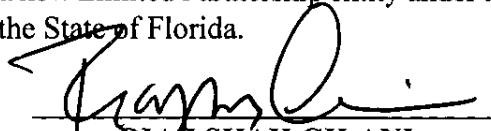
I, **RIAZ SHAH GILANI**, being first duly sworn, depose and say:

1. I am the sole manager of **AFQR CAPITAL MANAGEMENT, LLC**, a Florida Limited Liability Company having offices located at 700 Biltmore Way, Suite 401, Coral Gables, Florida 33134;

2. **AFQR CAPITAL MANAGEMENT, LLC**, is the sole manager of **AFQR FX STRATEGIES, LLC**, a Florida Limited Liability Company having offices located at 700 Biltmore Way, Suite 401, Coral Gables, Florida 33134;


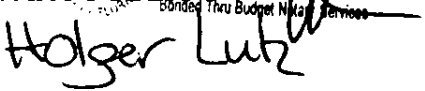
3. By virtue of the foregoing relationship, I am vested with full authority to manage all of the business and affairs of **AFQR FX STRATEGIES, LLC**; and

4. I hereby authorize and consent that a new Limited Partnership entity under the name "**AFQR FX STRATEGIES, L.P.**" be formed in the State of Florida.



RIAZ SHAH GILANI

Subscribed and sworn to before me, this 18
day of Sept., 2012.


HOLGER LUTZ
MY COMMISSION # **DD 2388**
EXPIRES: February 1, 2014
Bonded Thru Budget Notary Services
NOTARY PUBLIC


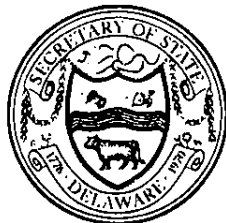
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051150

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFQR FX STRATEGIES, 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 TENTH DAY OF SEPTEMBER, A.D. 2012.



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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: 9832471

DATE: 09-10-12