

B13000000071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

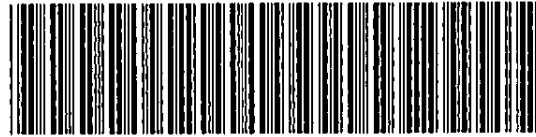
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2013 MAR 13 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 14 2013

J. BRYAN

*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

*Please Reply to Florida Office*

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

March 5, 2013

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

**RE: TTCM 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **TTCM 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 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

**FILED**  
2013 MAR 13 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
2013 MAR 13 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. TTCM 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. 09-21-2012

Date of Formation

4. Federal Employer Identification Number: 46-1074831

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

TIM TRAVIS

1504 BAY ROAD, SUITE 719

MIAMI BEACH FL 33139

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:

1504 BAY ROAD

SUITE 719

MIAMI BEACH FL 33139

8. Mailing Address:

1504 BAY ROAD

SUITE 719

MIAMI BEACH FL 33139

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: T&T CAPITAL FUND MANAGEMENT, LLC

#L13000029105  
Name of General Partner: \_\_\_\_\_

Street Address: 1504 BAY ROAD, SUITE 719

Street Address: \_\_\_\_\_

MIAMI BEACH FL 33139

Mailing Address: 1504 BAY ROAD, SUITE 719

Mailing Address: \_\_\_\_\_

MIAMI BEACH FL 33139

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 1 day of MARCH, 2013.

  
\_\_\_\_\_  
Signature of a general partner

TIM TRAVIS, MANAGER OF  
GENERAL PARTNER, T&T CAPITAL  
FUND 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.

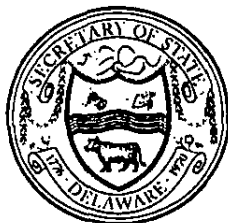
<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TTCM 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 FOURTH DAY OF MARCH, A.D. 2013.



  
Jeffrey W. Bullock, Secretary of State

5166537 8300

AUTHENTICATION: 0254111

130268928

DATE: 03-04-13