

B13000000123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

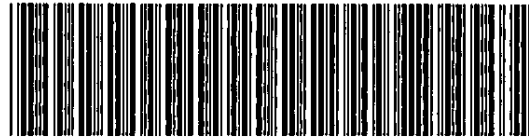
Certified Copies _____ Certificates of Status _____

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2013 APR 18 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM JAMES CAPITAL, 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
2009 APR 18 AM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2013 APR 18 AM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1. WILLIAM JAMES CAPITAL 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. 04-08-2013

Date of Formation

4. Federal Employer Identification Number: 46-2498895

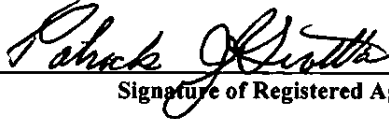
5. Name of Registered Agent for Service of Process and Florida Street Address:

PATRICK J. GRATTAN

2889 McFARLANE ROAD PH-6

COCONUT GROVE FL 33133

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:

2889 McFARLANE ROAD

PH-6

COCONUT GROVE FL 33133

8. Mailing Address:

2889 McFARLANE ROAD

PH-6

COCONUT GROVE FL 33133

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: WILLIAM JAMES CAPITAL MANAGEMENT, LLC

L13-50337
Name of General Partner: _____

Street Address: 2889 McFARLANE ROAD PH-6
COCONUT GROVE FL 33133

Street Address: _____

Mailing Address: 2889 McFARLANE ROAD PH-6
COCONUT GROVE FL 33133

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

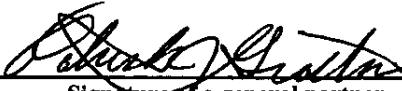
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____
 Mailing Address: _____ Mailing Address: _____

FILED
 2013 APR 18 AM 1:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 APRIL, 2013.


 Signature of a general partner

PATRICK GRATTAN, MANAGER OF
 GENERAL PARTNER, WILLIAM
 JAMES 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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILLIAM JAMES CAPITAL, 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 APRIL, A.D. 2013.



5315396 8300

130415459

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0344743

DATE: 04-09-13