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MAY 1 4 2014

T. BROWN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Voloridge Global Fund, LP

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:

Barry S. Miller						
Contact Person						
Voloridge Investment Management, LLC						
Firm/Company			-			
3452 Lake Lynd	da Drive					
	Address	•	•			
Suite 120						
Ci	ty, State and Zip Code		•			
Orlando, Florida	32817					
	sed for future annual repor	t notification)	-			
For further information concerning this matter, please call:						
Barry S. Miller	, , , , , , , , , , , , , , , , , , ,	_{at (} 407	,203	-0817		
Name of Contact Person		Area Code and Daytime Telephone Number				
Enclosed is a check for th	e following amount:					
①\$1,000.00 Filing Fees	☐ \$1,008.75 Filing Fees and Certificate of	□ \$1,052.50 Filing and Certified Cop		☐ \$1,061.25 Filing Fee, Certified Copy, and		
(\$965 Filing Fee and \$35 Registered Agent Fee)	Status Status	and Certified Cop	y	Certificate of Status		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2014

BARRY S MILLER VOLORIDGE INVESTMENT MANAGEMENT, LLC 3452 LAKE LYNDA DR STE 120 ORLANDO, FL 32817

SUBJECT: VOLORIDGE GLOBAL FUND, LP

Ref. Number: W14000023451

We have received your document for VOLORIDGE GLOBAL FUND, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 714A00007929

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

	TO TRANSACT	BUSINESS IN FLORIDA DE LA PARTICIPATION DE LA
, Voloridge Global F	fund, LP	BUSINESS IN FLORIDA
(Name of Limited Acceptable Limited Partners	Partnership or Limited Liability thip suffixes: Limited Partnership,	Limited Partnership, which must include suffix)
If name unavailable, name		p or limited liability limited partnership proposes to register to talsact nust contain acceptable suffix.
2. Delaware		_{3.} August 30, 2011
	Country of Formation	Date of Formation
4. Federal Employer Ident	ification Number 45-312081	<u> </u>
5. Name of Registered Age Barry S. Miller	nt for Service of Process and Flor	rida Street Address:
3452 Lake Lynda	Drive, Suite 120	
Orlando, Florida	32817	
	the proper and complete performan agent. White	ree to act in this capacity. I further agree to comply with the provisions ace of my duties, and I am familiar with and accept the obligations of
7. Principal Office:		8. Mailing Address:
3452 Lake Lynda Drive		3452 Lake Lynda Drive
Suite 120 Su		Suite 120
Orlando, Florida	32817	Orlando, Florida 32817
9. If limited partnership is	a limited liability limited partne	rship, check box.
Name of General Partne	address, and mailing address of Voloridge Investment Management	, LLC Name of General Partner:
Street Address: 3452	Lake Lynda Drive, Suite	120 Street Address:
Orla	ando, Florida 32817	
Mailing Address:		Mailing Address:
Name of General Partne	r:	

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.)
· · · · · · · · · · · · · · · · · · ·	of more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under
Florida Department of State, by the Secretary of State or other the law of which it is organized. Signed this 3rd day of April	.20 14
	mm re of a general partner
The individual signing this document affirm that the facts state submitted in a document to the Department of State constitutes	ed herein are true and the individual is aware that false information s a third degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$52.50 \$8.75

Filing Fees:

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VOLORIDGE GLOBAL FUND, LP" 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 SECOND DAY OF MAY, A.D. 2014.

5031243 8300

140532078

AUTHENTICATION: 1340740

DATE: 05-02-14

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