Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.

Email Address:

FLORIDA/FOREIGN LP/LLLP Volatility Capital Partners, LP

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

T RROWN

7/21/2014

COVER LETTER

TQ: Registration Section Division of Corporations

VOLATILITY CAPITAL PARTNERS, L P SUBJECT:

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:

CHRISTOPHER COVATO

Contact Person

VOLATILITY CAPITAL MANAGEMENT, LLC

Firm/Company

5640 ENGLISH OAKS LANE

Address

NAPLES, FLORIDA 34119

City, State and Zip Code

Vanessap@turnkeyhedgefunds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL LAPAT

3456442

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

(\$965 Filing Fee and

and Certificate of

☐ \$1,052.50 Filing Fees and Certified Copy

□ \$1,061.25 Filing Fee.

\$35 Registered Agent

Status

Certified Copy, and Certificate of Status

Fee)

STREET ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESSI Registration Section

Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

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

	生 本	
APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA		
Volatility Capital Partners, LP		
(Name of Limited Partnership or Limited Liability Lin Acceptable Limited Partnership suffixes: Limited Partnership, Lin Acceptable Limited Liability Limited Partnership suffixes: Limited	nited, L.P., LP, or Ltd.	
If name unavailable, name under which the limited partnership or business in Florida; must	limited liability limited partnership proposes to register to transact contain acceptable suffix.	
2 DELAWARE		
State or Country of Formation	3. JULY 7 2014 Date of Formation	
4. Federal Employer Identification Number: 47-1279645	•	
5. Name of Registered Agent for Service of Process and Florida CT CORPORATION SYSTEM	a Street Address:	
1200 SOUTH PINE ISLAND ROAD		
PLANTATION, FLORIDA 33324	•	
my position as registered agent. Signature of R 7. Principal Office:	Jenifer Vincent Vice President's Assistant Secretary Registered Agent Malling Address: 100 UNIVERSITY DRIVE STE 311	
	ORAL SPRINGS, FL 33065	
NAPLES, FL 34119	ORAL GERMOO, I L 30000	
9. If limited partnership is a limited liability limited partnersh 10. Name, principal office address, and mailing address of each		
	- ,	
Name of General Partner: Volatility Capital Management, LL		
	Street Address:	
Naples, FL 34119		
Mailing Address:	Mailing Address:	
	Name of Goneral Partner:	
Street Address:	Street Address:	
Mailing Address:		

	1 of 2 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 Florida Department of State, by the Secretary of State or other official the law of which it is organized.	than 90 days prior to the delivery of this application to the	
Signed this 9 day of July		
Chilonla NOC		
Signoture, of a	Beneral partner Chiristopher CovATC	
The individual signing this document affirm that the fact stand best	n one was and the fadinished in amount that false information	

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: Certified Copy (optional): Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50 \$8.75

Page 2 of 2

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOLATILITY CAPITAL PARTNERS, 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 TWENTY-FIRST DAY OF JULY, A.D. 2014.

AND I DO HERBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

DATE: 07-21-14