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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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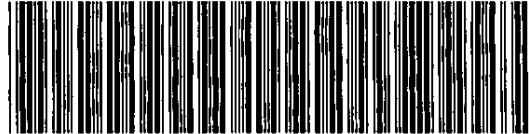
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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AUG 31 2016

COLE-FRIEMAN & MALLON LLP

One Sansome Street | Suite 1895 | San Francisco, CA 94104
tel 415-352-2300 fax 646-619-4800 www.colefrieman.com

August 25, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PostModern Partners, LP (the "Company")

Ladies and Gentlemen:

Enclosed please find the following documents submitted on behalf of the above-named Company:

- Application by Foreign Limited Partnership or Limited Liability Limited Partnership to Transact Business in Florida;
- Certificate of Good Standing; and
- A check in the amount of \$1,052.50 made payable to "Florida Department of State".

Please return a certified copy of the Application by Foreign Limited Partnership or Limited Liability Limited Partnership to Transact Business in Florida to my attention. Please contact me at 415-762-2872 or email me at ydeng@colefrieman.com should you have any questions. Thank you.

Best regards,

Yu Deng

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PostModern Partners, 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:

Yu Deng

Contact Person

Cole-Frieman & Mallon LLP

Firm/Company

One Sansome Street, Suite 1895

Address

San Francisco, CA 94104

City, State and Zip Code

pbrodsky@macro-allocation.com

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

For further information concerning this matter, please call:

Yu Deng

at (**415**) **762-2872**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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

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

1. PostModern Partners, LP

(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. 07/22/2016

Date of Formation

4. Federal Employer Identification Number: 81-3356598

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

Paul Brodsky

401 East Jackson Street, Suite 2340

Tampa, FL 33602

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:

401 East Jackson Street, Suite 2340

Tampa, FL 33602

8. Mailing Address:

PO Box 172955

Tampa, FL 33672

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: PostModern Partners GP, LLC

Name of General Partner: _____

Street Address: 401 East Jackson Street, Suite 2340

Street Address: _____

Tampa, FL 33602

Mailing Address: PO Box 172955

Mailing Address: _____

Tampa, FL 33672

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TAMPA, FLORIDA

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

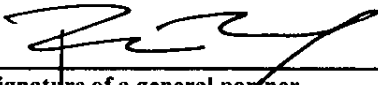
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: N/A
(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 16th day of August, 20 16.



Signature of a general partner

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POSTMODERN 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-FIFTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POSTMODERN PARTNERS, LP" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6104251 8300

SR# 20165524529

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202889158

Date: 08-25-16