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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 481713 4804708

AUTHORIZATION : Carelle Con

COST LIMIT : \$ 1,000.00

ORDER DATE: January 26, 2017

ORDER TIME : 10:03 AM

ORDER NO. : 481713-015

CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: V ALTERNATIVE GP, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: V Alterna	itive GP, LP			
SUBJECT:	ne of Foreign Limited Partr	ership or Limited L	iability	Limited Partnership
partnership to transact bu			egister	a foreign limited partnership or limited liability limited
Sonia I. Danon				
	Contact Person			
Seward & Kissel L	LP			
, , , , , , , , , , , , , , , , , , ,	Firm/Company			
One Battery Park F	Plaza			
	Address			
New York, NY 100	04			
Ci	ty, State and Zip Code			
danon@sewkis.com	m			
E-mail address: (to be a	ised for future annual repor	t notification)		
For further information co	oncerning this matter, pleas	se call:		
Sonia I. Danon		at (212	574-	1592
Name of Contac	t Person		i Dayti	ime Telephone Number
Enclosed is a check for th	e 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 and Certified Copy		☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDR Registration Section Division of Corpor P. O. Box 6327	n	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

Acceptable Limited	Limited Partnership or Limited Liab Partnership suffixes: Limited Partners	ility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
If name unavailabl	e, name under which the limited partne business in Floric	rship or limited liability limited partnership proposes to reda; must contain acceptable suffix.	gister to transa	ıct
_{2.} Delaware		3. 01/26/2017		
S	tate or Country of Formation	Date of Formation	•	
4. Federal Employe	er Identification Number:			
5. Name of Registe	red Agent for Service of Process and	Florida Street Address:		
Corporation Se	ervice Company			
1201 Hays Stre	eet			
Tallahassee, F	L 32301			
	gistered agent. Corporation Serv By: M	mance of my duties, and I am familiar with and accept the ice Company Melissa Zende Melissa Zende Asst. Vice Presidence of Registered Agent	er	ſ
7. Principal Office:		8. Mailing Address:		
1450 BRICKELL AVENUE 145		1450 BRICKELL AVENUE		
SUITE 3050		SUITE 3050		
MIAMI, FL 331	31	MIAMI, FL 33131		
9. If limited partne	rship is a limited liability limited par	rtnership, check box	17 J	
10. Name, principal	office address, and mailing address Catenary Alternatives Asset M	of each general partner: MI200000 4192 Sangement, LLC Name of General Partner:	JAN 27	
Street Address:	1450 BRICKELL AVENUE	Street Address:	222	
	SUITE 3050		7: [
Mailing Address	: MIAMI, FL 33131	Mailing Address:	د ى .	i
Name of Genera	l Partner:	Name of General Partner:		
Street Address:		Street Address:		
Mailing Address	33	Mailing Address:		

Name of General Partner:	Page 1 of 2 Name of General Partner:				
	Street Address:				
Mailing Address:	Mailing Address:				
11. Effective date, if other than the date of filing:					
12. Attached is a certificate of existence duly authenticated, a Florida Department of State, by the Secretary of State or other the law of which it is organized.	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under				
Signed this	20 <u>17</u>				
<u>Clas latto</u> 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: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75				

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Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "V ALTERNATIVE GP, 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-SEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "V ALTERNATIVE GP, LP" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 201943913

Date: 01-27-17

6296770 8300 SR# 20170491831