B1700000000000

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke to Michael Principal ordsness same des maling
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FILED

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PED INDEX FUND A1, L.P.			
	tnership or Limit	ited Liability Limited Partnership	
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this management of the status and partnership to transact business in Florida.		ed to register a foreign limited partnership or limited liability lim	nited
Contact Person			
LAW OFFICE OF MICHAEL LAPAT			
Firm/Company			
3300 University Drive Suite 311			
Address			
Coral Springs, FL 33065			
City, State and Zip Code			
Vanessap@turnkeyhedgefunds.com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, ple	ase call:		
Vanessa Puell	954 at (345-6442	
Name of Contact Person		de and Daytime Telephone Number	
Enclosed is a check for the following amount:			
\$1,000.00 Filing Fees \$1,008.75 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) \$1.008.75 Filing Fee and Certificate of Status	es S1. 052.50 and Certifi		
STREET ADDRESS:	MAILING A	ADDRESS:	
Registration Section Registration Section			
Division of Corporations Clifton Building	Division of Co P. O. Box 632		
2661 Executive Center Circle	Tallahassee, F		

Tallahassee, FL 32314

Tallahassee, FL 32301

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

DED	DIDEN	CLINID.	. 1	7 D
rcu	INDEX	LOND	AI.	L.P.

(Name of Limited Partnership or Limited Liabi Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	ility Limited Partnership, which must include suffix hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLL	,
If name unavailable, name under which the limited partner business in Florid	rship or limited liability limited partnership proposes to la; must contain acceptable suffix.	o register to transact
2. DELAWARE	3. 08/16/2017	
State or Country of Formation	Date of Formation	_
4. Federal Employer Identification Number: 82-2556411		
5. Name of Registered Agent for Service of Process and JOHN R. JONES	Florida Street Address:	
941 MORSE BLVD, STE 100		
WINTER PARK, FL 32789		
6. I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete performy position as registered agent. Signatu	agree to act in this capacity. I further agree to comply mance of my duties, and I am familiar with and accept re of Registered Agent	the obligations of
7. Principal Office:	8. Jailing Address:	
PED INDEX FUND A1, L.P.	941 MORSE BLVD, STE 100,	16 31 F
941 Marse Blvd, Ste 100	WINTER PARK, FL 32789	TANG 31 PH 4: 16
Winter Park FL 32789		
). If limited partnership is a limited liability limited par	tnership, check box.	70
Name, principal office address, and mailing address Name of General Partner: CROWN JEWEL CAPITAL Street Address: 941 MORSE BLVD, STE 100,	MANAGEMENT LLC Name of General Partner:	
Street Address: WINTER PARK, FL 32789	Street Address:	
Mailing Address: 941 MORSE BLVD, STE 100, WINTER PARK, FL 32789	Mailing Address:	
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	 	

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reconstruction. 12. Attached is a certificate of existence duly authenticated.	fer the date this document is filed by the Florida Department of State.) oplicable statutory filing requirements, this date will not be listed as the
	ature of a general partner
The individual signing this document affirms that the facts submitted in a document to the Department of State constitution.	stated herein are true and the individual is aware that false information utes 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



State of Delaware
Secretary of State
Division of Corporations
Delivered 10:53 AM 08/16/2017
FILED 10:53 AM 08/16/2017
R 20175746909 - File Number 6513200

CERTIFICATE OF LIMITED PARTNERSHIP OF PED Index Fund A1, L.P.

THE UNDERSIGNED, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

FIRST: The name of the limited partnership is PED Index Fund A1, L.P.

SECOND: The registered office in the State of Delaware is located at 1000 N. West St., #1501, City of Wilmington, New Castle County 19801. The registered agent at that address is Delaware Corporations LLC.

THIRD: The name and mailing address of the sole general partner is as follows:

CROWN JEWEL CAPITAL MANAGEMENT, LLC 941 Morse Blvd., Ste. 100 Winter Park, FL 32789

FOURTH: This certificate of limited partnership shall become effective at the time of filing.

IN WITNESS WHEREOF, the undersigned general partner, has executed this Certificate of Limited Partnership of PED Index Fund A1, L.P., as of the 17th day of August, 2017.

CROWN JEWEL CAPITAL MANAGEMENT, LLC
General Partner

By:

ohn R. Jones, Manager

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PED INDEX FUND A1, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2017.

No.

Authentication: 203080454

Date: 08-18-17