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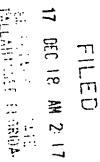
•	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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DEC 1 0 2017

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: F1 General Trading Partners, L.P	<b>)</b> .	
Name of Foreign Limited	l Partnership or Limited	Liability Limited Partnership
The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning the		to register a foreign limited partnership or limited liability limited
Oren Sibony		
Contact Person		_
Oren Sibony, Esq.		
Firm/Company		_
56 West 11th Street, Suite 7FW		
Address		- <del>-</del>
New York, NY 10011		
City, State and Zip Coc	de	_
osibony@gmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter	, please call:	
Oren Sibony	at ( 646	649-3867
Name of Contact Person	<del></del>	and Daytime Telephone Number
Enclosed is a check for the following amount:		
\$1,000,00 Filing Fees \$1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing and Certificate Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD Registration Se Division of Cor P. O. Box 6327 Tallahassee, FL	ection rporations

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

Acceptable Limited	Partnership suffixes: Limited Partner.	ollity Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.	<u>-</u>	
If name unavailable		ership or limited liability limited partnership proposes to r da; must contain acceptable suffix.	– register t	o transact
<sub>2</sub> Delaware		3, 1/9/13		
St	ate or Country of Formation	Date of Formation	· <b>-</b>	
4. Federal Employe	er Identification Number: 35-246574	7		
	red Agent for Service of Process and			
Oren Sibony				
140 S. Beach Street.	Suite 310			
Daytona Beach, FL	32114			
	ative to the proper and complete perfo gistered agent.	d agree to act in this capacity. I further agree to comply ormance of my duties, and I am familiar with and accept to ure of Registered Agent		
7. Principal Office:		8. Mailing Address:		
140 S. Beach Street, Suite 310		140 S. Beach Street, Suite 310	_	
Daytona Beach, FL 32114		Daytona Beach, FL 32114		•
			_``	-
). If limited partne	ership is a limited liability limited pa		<u>C</u>	š <u>T</u>
		irtnership, check box.		
0. Name, principa	al office address, and mailing addres		· a	5 [
	Andrew Franzone		ā	[1]
Name of Genera	Andrew Franzone	ss of each general partner:  Name of General Partner:	· A	
	al Partner:	ss of each general partner:  Name of General Partner:	· A	
Name of Genera Street Address:	Andrew Franzone 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114	Street Address:	AM Z: I	, ,
Name of Genera	Andrew Franzone 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114	Street Address:  Mailing Address:	M 2: 17	, ,
Name of Genera Street Address: Mailing Address	Andrew Franzone 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114	Street Address:  Mailing Address:	AM Z: II	, ,
Name of General Street Address:  Mailing Address  Name of General	Andrew Franzone 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114 Daytona Beach, FL 32114	Street Address:  Mailing Address:  Name of General Partner:	AM Z	3
Name of General Street Address:  Mailing Address  Name of General	Andrew Franzone 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114 140 S. Beach Street, Suite 310 Daytona Beach, FL 32114 Daytona Beach, FL 32114	Street Address:  Name of General Partner:  Mailing Address:  Name of General Partner:  Street Address:	AM Z	3

Name of General Farmer.	Ivanie of General Party	(Cl.,
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
Note: If the date inserted in this block do locument's effective date on the Departr		ents, this date will not be listed as the
Florida Department of State, by the Secri- he law of which it is organized.	duly authenticated, not more than 90 days prior to the etary of State or other official having custody of the	
	Signature of a general partner	<del></del>
	firms that the facts stated herein are true and the indient of State constitutes a third degree felony as prov	
Filing Fees: Certified Copy (optio Certificate of Status (	onal): \$52.50	nd \$35 Registered Agent Fee)

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "F1 GENERAL TRADING PARTNERS, 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 THIRD DAY OF NOVEMBER, A.D. 2017.

Authentication: 203512999

Date: 11-03-17