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Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

Process Second

*					
TO: Registration Section Division of Corporations					
SUBJECT: Symphonic Alternative Investments.	LP				
Name of Foreign Limited Par	tnership or Limited L	lability Lim	nited 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.		register a fo	reign limited partners	hip or limited lial	oility limited
Brian Walker					
Contact Person		-			
Symphonic Alternative Investments, LP					
Firm/Company		-			
10752 Deerwood Park Blvd., South Waterview II.	, Suite 100				
Address		-			
Jacksonville, FL 32256					
City, State and Zip Code		•			
info@symphonicfunds.com					
E-mail address: (to be used for future annual rep	ort notification)			2018 SEC TALL	
For further information concerning this matter, ple	ase call:			CRET	T
Brian Walker	at (703	731 5389		HAN S	
Name of Contact Person		d Daytime	Telephone Number	30	m
Enclosed is a check for the following amount:				P 4: 00	FILED
S1,000.00 Filing Fees S1,008.75 Filing Fe (\$965 Filing Fee and S35 Registered Agent Fee)	es S1,052.50 Fili and Certified		\$1,061.25 Filing Fee Certified Copy, and Certificate of Status	E OO	
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADD Registration Secti Division of Corpo	on			

P. O. Box 6327 Tallahassee, FL 32314

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

Symphonic Altern	ative Investments, LP		
(Name of L Acceptable Limited I	imited Partnership or Limited Liability Lin Partnership suffixes: Limited Partnership, Lin Liability Limited Partnership suffixes: Limited	iited, L.P.,	, LP, or Ltd.
If name unavailable	e, name under which the limited partnership or business in Florida; must		ability limited partnership proposes to register to transact coeptable suffix.
₂ Delaware		3. ^{2/5/201}) i <mark>6</mark>
St	ate or Country of Formation	٠	Date of Formation
4. Federal Employe	r Identification Number: 81-1587552		
	ed Agent for Service of Process and Florida	Street Ad	
223 Ocean Blvd			HAS T
Atlantic Beach, FL	32233		TILED CRETARY OF CAHASSEE F
	ative to the proper and complete performance o	of my duties	nis capacity. I further agree to comply with the provision es and I am familiar with and accept the elligations of
7. Principal Office:	8. M	lailing Ado	ddress:
10752 Deerwood Pa		_	rood Park Blvd
South Waterview II,	Suite 100 Sou	th Watervi	view II, Suite 100
Jacksonville, FL 321	256 Jack	csonville, F	FL 32256
9. If limited partne	rship is a limited liability limited partnershi	p, check bo	box. 🔲
10. Name, principa	l office address, and mailing address of each	general p	partner:
Name of Genera	l Partner:Symphonic Alternative Investments	Puchame of	Si LLC off General Partner:
Street Address:			Address:
Street Address;	Jacksonville. FL 32256	_ Street A	Address:
Mailing Address	same as above	_ _ Mailing	g Address:
Name of Genera	l Partner:		of General Partner:
Street Address:		_ Street A	Address:
Mailing Address	:	_ Mailing	g Address:
			1

Page 1 of 2

Name of General Partner:	Name of	General Partner:
Street Address:	Street Ad	idress:
Mailing Address:	Mailing #	Address:
11. Effective date, if other than the date of filing: March (Effective date cannot be prior to nor more than 90 days a Note: If the date inserted in this block does not meet the addocument's effective date on the Department of State's recommendation.	fter the date this documents for the policable statutory file.	
12. Attached is a certificate of existence duly authenticated Florida Department of State, by the Secretary of State or of the law of which it is organized.		
Signed this day of day of	Flead	
The individual signing this document affirms that the facts submitted in a document to the Department of State constitution	ature of a general restance of a general restance of a general restance of the state of the stat	and the individual is aware that false information
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1.000.00 (\$965 \$52.50 \$8.75	Filing Fee and \$35 Registered Agent Fee)
	Page 2 of 2	ZOIB JAN SECRETA
		HED W 30 P U 00 TARY OF STATE ASSEE, FLORIDA

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SYMPHONIC ALTERNATIVE INVESTMENTS, 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 JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMPHONIC ALTERNATIVE INVESTMENTS, LP" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2016.

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



5956744 8300 SR# 20180492899 Authentication: 202034645

Date: 01-25-18