

B18000000/25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

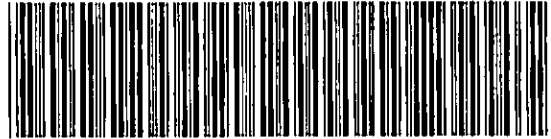
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/01/18--01028--003 **1052.50

SECRETARY OF STATE
TALLAHASSEE, FL 32399

18 MAY - 1 PM 3:28

FILED

K. SALY

MAY - 7 2018

LAW OFFICE OF
Michael Lapat
3300 North University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
MICHAELL@LAPATLAW.COM

February 14, 2018

Florida Secretary of State
Division of Corporations
Clifton Building
2661 W Executive Center Circle
PO Box 6327
Tallahassee, FL 32314

RE: ALL WEATHER OPTIONS FUND, L.P.
Foreign LP to Transact Business in Florida
Including Certified Copy

\$ 1,052.50

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entity. Accompanying this submission is a **check in the sum of \$1,052.50** representing the filing fees for this formation.

Please file the foregoing as appropriate and return to this office file-stamped/certified copy of same as receipt thereof.

Regards,

Vanessa Puell

vp
enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL WHEATHER OPTIONS FUND, L.P.

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:

MICHAEL LAPAT

Contact Person

LAW OFFICE OF MICHAEL LAPAT

Firm/Company

3828 HERITAGE OAKS COURT

Address

OVIEDO, FL 32765

City, State and Zip Code

VANESSAP@TURNKEYHEDGEFUNDS.COM

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

For further information concerning this matter, please call:

VANESSA PUELL

at (954) 345-6442

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 |
|--|---|--|---|

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

FILED
18 MAY -1 PM 3:28

1. ALL WHEATHER OPTIONS FUND, L.P.

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. 01/25/2018

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 82-4417917

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

JAMES COURTNEY

3828 HERITAGE OAKS CT

OVIEDO, FL 32765

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

4-11-18

7. Principal Office:

3828 HERITAGE OAKS CT

OVIEDO, FL 32765

8. Mailing Address:

3828 HERITAGE OAKS CT

OVIEDO, FL 32765

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: MILLER DYNAMIC MANAGEMENT, LLC

Name of General Partner:

Street Address: 3828 HERITAGE OAKS CT

Street Address:

OVIEDO, FL 32765

Mailing Address: 3828 HERITAGE OAKS CT

Mailing Address:

OVIEDO, FL 32765

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

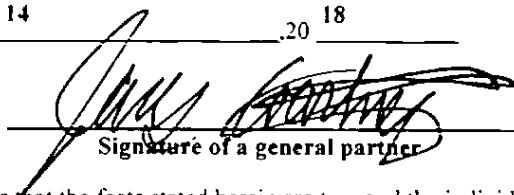
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 **FEBRUARY** day of **14**, 20**18**


Signature of a general partner 4-11-18

The individual signing this document affirms 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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALL WEATHER OPTIONS FUND, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL WEATHER OPTIONS FUND, L.P." WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2018.

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

FILED
18 MAY -1 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6727534 8300

SR# 20180531356

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202043213

Date: 01-26-18