## B1800000143

(Requestor's Name)		
(Address)		
. ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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	_	
Special Instructions to Filing Officer:		
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<u> </u>		

Office Use Only

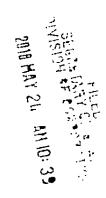


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<u>c/24/18--01012--020</u> \*\*1000.00



N. CAUSSEAUX MAY 2 9 2018

## -- COVER LETTER

Division of Corporations			
Cannon Global Fund, LP			
SUBJECT: Name of Foreign Limite	ed Partnership or Limited L	iability Limited Partnership	
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning		register a foreign limited partnership or limited liability limited	
Maria Fielding			
Contact Person		•	
Ruddy Gregory, PLLC			
Firm/Company	***	•	
1225 15th St., NW			
Address	<del></del>	-	
Washington, DC 20005			
City, State and Zip C	ode	-	
mfielding@ruddylaw.com			
E-mail address; (to be used for future annu-	ial report notification)	•	
For further information concerning this matt	ter, please call:		
Maria Fielding	202	797-0762	
Name of Contact Person	at (at (at Code ar	nd Daytime Telephone Number	
Enclosed is a check for the following amoun	nt:		
\$1,000,00 Filing Fees \$1,008,75 Fil (\$965 Filing Fee and \$35 Registered Agent Fee) \$1308,75 Fil and Certificat Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Budding 2661 Executive Center Circle Tallahassee, FL 32301	Registration Sect Division of Corpo P. O. Box 6327	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

Cannon Global Fun	d. LP		
Acceptable Limited Pe	n thership suffixes: "Limited Partner <b>s</b> hi	ty Limited Partnership, which must include suffix) p. Limited, L.P., LP, or Ltd. imited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable,	name under which the limited partners business in Florida;	hip or limited liability limited partnership proposes to registe must contain acceptable suffix.	r to transact
2. Delaware		3. January 19, 2017	
	te or Country of Formation Identification Number. 81-4892542	Date of Formation	
	d Agent for Service of Process and Fl	lorida Street Address:	
1200 Sooth Pine Islan	d Rd.		
Plantation, FL 33324			
<ol> <li>I hereby accept the of all statutes relationly position as regis</li> <li>Principal Office:</li> <li>2598 E. Sunrise Blvd.</li> </ol>	ve to the proper and complete perform forced agent.  BULLIANS  Signalure  PU BUS I NE	gree to act in this capacity. I further agree to comply with the unce of my duties, and I am familiar with and accept the obline of Registered Agent  8. Mailing Address  2598 E. Sunrise Blvd.	igations of
		2398 E. Sunnise Bivd.	201
Suite 2104		Suite 2104	WISTON HAY 24
Fort Lauderdale, FL 33304 Fort Lauderdale, FL 33304		Fort Lauderdale, FL 33304	2
9. If limited partners	hip is a limited liability limited parts	nership, check box. 🔲	ر درو درو
10. Name, principal c	office address, and mailing address o	feach general partner:	= 1
Name of General I	Thomas Morphet	Name of General Partner:	AH 10: 40
Street Address: 1630 N Ocean Blvd., Unit 1112		Street Address:	<u>a</u>
_	Pompano Beach, FL 33062		
Mailing Address: 2598 E. Sunrise Blvd., Suite 2104	2598 E. Sunrise Blvd., Suite 2104	Mailing Address:	<del></del>
Fort Lauderdale, FL 33304		Maring Address.	
Name of General F	Partner:	Name of General Partner:	<del></del>
		Street Address;	_
- Mailing Address		Mailing Address:	

Name of General Partner:	Name of General Partner:
	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: June th flective date cannot be prior to nor more than 90 days. Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's re-	after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticate Florida Department of State, by the Secretary of State or othe law of which it is organized.	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 23rd day of May	$\frac{}{}^{20} \frac{18}{}$
Sign	nature of a general partner
The individual signing this document affirms that the facts submitted in a document to the Department of State consti	s stated herein are true and the individual is aware that false information itutes a third degree felony as provided for in s.817.155, F.S.
Filing Fecs: 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

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CANNON GLOBAL FUND, 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 SIXTEENTH DAY OF MAY, A.D. 2018.

Shear at the Shall to the



6223662 8300

SR# 20183867089 -

Date: 05-16-18

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

Jeffrey W. Bulloce, Secretary of State

Authentication: 202710050