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| (Re | questor's Name) | |
|---|--------------------|-------------|
| (Address) | | |
| (Ad | dress) | <u></u> |
| (Cit | :y/State/Zip/Phone | e #) |
| PICK-UP | | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: The Huff Alternative Parallel Fu | nd, LP | | |
| Name of Foreign Limited | Partnership or Limited | Liability Limited Partners | hip |
| 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 |
| Josephine Carbone | | | |
| Contact Person | | _ | |
| W.R. Huff Asset Management Co., LLC | | | |
| Firm/Company | | | |
| 412 Mt. Kemble Avenue, Suite 120 C, Box 4 | | | |
| Address | | - - | <u>w</u> |
| Morritown, NJ 07960 | | | - 3 1 |
| City, State and Zip Coo | de | | المعدد الأول السيد الأول |
| jear@huffcompanies.com | | | to the |
| E-mail address: (to be used for future annua | report notification) | | |
| For further information concerning this matter | r, please call: | | |
| Josephine Carbone | at (| 490-6156 | |
| Name of Contact Person | Area Code | and Daytime Telephone No | umber 5. |
| Enclosed is a check for the following amount: | | | |
| S1,000.00 Filing Fees \$1,008.75 Filin (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Status | | Filing Fees S1,061.25 F ed Copy Certified Co Certificate o | opy, and |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING AI Registration Sc Division of Co P. O. Box 6327 Tallahassee, FI | ection rporations 7 | |

Tallahassee, FL 32301

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

1 The Huff Alternative Parallel Fund, LP

| (Name of Limited Partnership or Limited L Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffix | nership, Limited, L.P., LP, or Ltd. | | <u></u> Р. | |
|---|--|------------------------------------|-------------------------|-------------------------|
| | lorida: must contain acceptable suffix. | ship proposes to | register | to transact |
| 2. Delaware | 3 | | _ | |
| State or Country of Formation | Date of Fort | mation | | |
| 4. Federal Employer Identification Number 22-373 | | | | |
| 5. Name of Registered Agent for Service of Process Cathy Markey Huff | and Florida Street Address: | | | |
| 6794 SE Isle Way | | | | |
| Stuart, FL 34996 | | | | |
| 6. I hereby accept the appointment as registered agent of all statutes relative to the proper and complete party position as registered agent. Sig | erformance of my duties, and I am familiar v | agree to comply with and accept | e with the the oblig | provisions ations of |
| 7. Principal Office: 8. Mailing Address: | | ? . | 27 | 1 .1 |
| 6794 SE Isle Way | 6794 SE Isle Way | | J | ; · · } |
| Stuart, FL 34996 | Stuart, FL 34996 | | ج ن | `/ |
| | | 3.1 | - - | |
| 9. If limited partnership is a limited liability limited | f partnership, check box. | | | |
| 10. Name, principal office address, and mailing add | lress of each general partner: | | | |
| Name of General Partners WRH Partners II, LLC | Name of General Partner: | | | |
| Street Address: 6794 SE Isle Way | Street Address: | | | |
| Stuart, FL 34996 | | | | |
| Mailing Address: 6794 SE Isle Way | | | | |
| Stuart, FL 34996 | | | | |
| 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: |
| 11. Effective date, if other than the date of fili (Effective date cannot be prior to nor more than Note: If the date inserted in this block does not i document's effective date on the Department of | 90 days after the date this document is filed by the Florida Department of State.) neet the applicable statutory filing requirements, this date will not be listed as the |
| Florida Department of State, by the Secretary of | henticated, not more than 90 days prior to the delivery of this application to the State or other official having custody of the entity's records in the jurisdiction under because 20 19 |
| | Lucy Laubert Signature of a general partner |
| The individual signing this document affirms that | at the facts stated herein are true and the individual is aware that false information attended to the constitutes a third degree felony as provided for in s.817.155, F.S. +c. |
| Filing Fees: Certified Copy (optional): Certificate of Status (option | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52,50 |

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "THE HUFF ALTERNATIVE PARALLEL 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2019.



Authentication: 202263836

Date: 02-15-19

3249108 8300 SR# 20191007674

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