

BRAO00000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

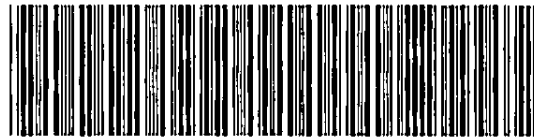
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FL 32301

2019 MAY -2 A 4:19

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D SCOTT

MAY 7 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US 3 MACRO, 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:

FABRICIO GARCIA

Contact Person

LAW OFFICE OF MICHAEL LAPAT

Firm/Company

2500 N UNIVERSITY DRIVE SUITE 230

Address

CORAL SPRINGS, FL 33065

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:

- ☐ \$1,000.00 Filing Fees (965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☒ \$1,052.50 Filing Fees and Certified Copy ☐ \$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

TALLAHASSEE, FLORIDA

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

1. US 3 MACRO, 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.

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

State or Country of Formation

3. 04/25/2019

Date of Formation

4. Federal Employer Identification Number: 83-4573843

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

FABRICIO GARCIA

2700 N. MIAMI AVENUE SUITE 707

MIAMI, FL 33127

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

7. Principal Office:

2700 N. MIAMI AVENUE SUITE 707

MIAMI, FL 33127

8. Mailing Address:

2700 N. MIAMI AVENUE SUITE 707

MIAMI, FL 33127

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: US 3 INVEST, LLC

Street Address: 2700 N. MIAMI AVENUE SUITE 707

MIAMI, FL 33127

Mailing Address: 2700 N. MIAMI AVENUE SUITE 707

MIAMI, FL 33127

Name of General Partner: GUSTAVO MORON

Street Address: 2700 N. MIAMI AVENUE SUITE 707

MIAMI, FL 33127

Mailing Address: 2700 N. MIAMI AVENUE SUITE 707

MIAMI, FL 33127

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

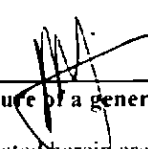
11. Effective date, if other than the date of filing: _____

(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 MAY day of 1st, 2019



Signature of a general partner

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

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SALLADIA, ELLIENOR

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US 3 MACRO, 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 APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "US 3 MACRO, L.P." WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

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



7391407 8300

SR# 20193244223

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

2019 MAY -2 A 11:19
FILED
Jeffrey W. Bullock, Secretary of State

Authentication: 202719589

Date: 04-26-19