FILE 2ND RESUBMIT

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(((H20000098696 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : CORPORATION SERVICE COMPANY

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-APR-1-3-2020

M. SOLOMON

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COVER LETTER

TO:	TO: Registration Section Division of Corporations		£.,
SUBJ	ECT: MAC Alpha Capital Management, I	.P	
C. C. 1211		rtnership or Limit	ed Liability Limited Partnership
partne	nclosed application, certificate of status and ership to transact business in Florida, e return all correspondence concerning this		I to register a foreign limited partnership or limited liability limited
Jema	Gonzales Cooper		
	Contact Person		
MAC	Alpha Capital Management GP, LLC		
	Firm/Company		_
410 S	S. Cedar Ave.		
	Address		_
Tamp	na. FL 33606		
	City, State and Zip Code		_
jgonz	alescooper@macalphacapital.com		
E-m	ail address: (to be used for future annual re	port notification)	
For fu	irther information concerning this matter, pl	ease call:	
Chitr	a Siwlal-Jaipersaud	at (212	547-1648MAC Alpha Capital Man
	Name of Contact Person	Area Cod	le and Daytime Telephone Number
Enclo	sed is a check for the following amount:		
(\$ \$3	.000.00 Filing Fees S1.008.75 Filing F 965 Filing Fee and and Certificate of 85 Registered Agent Status (e)	ees S1,052.50 and Certif	Filing Fees S1,061,25 Filing Fee, ied Copy Certified Copy, and Certificate of Status
Regis Divisi Clifto	EET ADDRESS: tration Section ion of Corporations n Building Executive Center Circle	MAILING A Registration S Division of C P. O. Box 63: Tallahasson 1	Section orporations 27

Tallahassee, FL 32301

H20000098696 3

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

1 MAC Alpha Capi	ital Management, LP		
(Name of I Acceptable Limited	imited Partnership or Limited Lia Partnership suffixes: Limited Partne	bility Limited Partnership, which must include suffix) rship, Limited, L.P., LP, or Ltd. : Limited Liability Limited Partnership, L.L.L.P. or LLLI	-
If name unavailabl		nership or limited liability limited partnership proposes to rida; must contain acceptable suffix.	register to transact
2. Delaware		3. March 26, 2020	
	tate or Country of Formation	Date of Formation	_
4. Federal Employ	er Identification Number		
5. Name of Registe	red Agent for Service of Process an	d Florida Street Address:	
Corporation Service	2 Company		
1201 Flays Street	· · · · · · · · · · · · · · · · · · ·		
Tallahassee, FL 32.	501		
of all statutes rel		nd agree to act in this capacity. I further agree to comply formance of my duties, and I am familiar with and accept to Company	
	Signa	ture of Registered Agent	202
7. Principal Office:		8. Mailing Address:	2020 APR
c/o MAC Alpha Ca	pital Management GP, LLC	c/o MAC Alpha Capital Management GP, LLC	表 - 第 - 200
410 S. Cedar Ave.		410 S. Cedar Ave.	mo 📥
Tampa, FL 33606		Tampa, FL 33606	AM 9:54 Dr STATE
9. If limited partno	ership is a limited liability limited p	artnership, check box.	- 공연,
10. Name, princip:	ol office address, and mailing addre	ss of each general partner;	
Name of Genera	MAC Alpha Capital Manag	gement GP , LLC Name of General Partner:	
Street Address:	410 S. Cedar Ave	Street Address:	
	Tampa, FL 33606		
Mailing Address	410 S. Cedar Ave	Mailing Address:	
	Tampa, FL 33606		
Name of Genera	d Partner:	Name of General Partner:	
		Street Address:	
			_
Mailing Address		Mailing Address:	

H20000098696 3

Name of General Partner:		Name of General Partner:	
Street Address:			
Mailing Address:		Mailing Address:	
11. Effective date, if other than the (Effective date cannot be prior to a Note: If the date inserted in this blocument's effective date on the E	<i>nor more than 90 days a</i> lock does not meet the a	after the date this document is filed by the F pplicable statutory filing requirements, this	Clorida Department of State.) date will not be listed as the
12. Attached is a certificate of exist Florida Department of State, by the law of which it is organized.	stence duly authenticated e Secretary of State or c	d, not more than 90 days prior to the deliventher official having custody of the entity's	ry of this application to the records in the jurisdiction under
Signed this 27	day of	.20 2020	
The individual signing this docum submitted in a document to the De	Signature cut affirms that the facts partment of State consti	of a general partner s stated herein are true and the individual is tutes a third degree felony as provided for i	aware that false information in s.817.155, F.S.
Filing Fees: Certified Copy		\$1,000.00 (\$965 Filing Fee and \$35 R \$52.50 \$8.75	
		Page 2 of 2	2020 A

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAC ALPHA CAPITAL MANAGEMENT, 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 THIRTIETH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAC ALPHA CAPITAL MANAGEMENT, LP" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2020.

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

Add of the state o

Authentication: 202678092

Date: 03-30-20