3300000110

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

Office Use Only



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2020 MAY 21 PM 4: 43
SECRETARY OF STATE
ANASSEE, FLORIDA

FILED

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2020 MAY 21 PH 2: 08



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 299222 43

AUTHORIZATION Typell Ble man

COST LIMIT : \$\frac{1}{0}61.25

ORDER DATE: May 20, 2020

ORDER TIME : 8:59 AM

ORDER NO. : 299222-020

CUSTOMER NO: 4364702

FOREIGN FILINGS

NAME: STROME INVESTMENT MANAGEMENT,

L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations		
	STANKET MONAGEMENT, L.P.	
	Partnership or Limited Liability Limited Partnership	
The enclosed application, certificate of status an partnership to transact business in Florida. Please return all correspondence concerning this	nd fees are submitted to register a foreign limited partnership or lims s matter to:	
VINEE MENTA	TALL.	FIL.
Contact Person		国 三
STNOWE GLOUP	7	福之厂
Firm/Company		E T T
1688 MENSDIAN ME	#727	E.F.
Address		Los F:
MIAMS BEALY, FL 3	3139	PH 4: 43
City. State and Zip Code VIEHTA C STAME.(, M E-mail address: (to be used for future annual in	report notification)	7
For further information concerning this matter,	please call:	
VENLE MENTA	at (786) 475 5452 Area Code and Daytime Telephone Number	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{\text{\$\subseteq}} \& \text{\$\subseteq} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	/ 🐫	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

STRONE INVESTMENT MONAGEMENT, 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. WLAWARE State or Country of Formation 95-4450812 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: VEWEE MEMPA 1688 MARGIEN MIC \$727 MIAMS BEALL, FL 73139 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 8. Mailing Address: 7. Principal Office: 1688 MENDEAN AVE \$727 1688 MENGOLAN AVE \$727 MEANS BEALL, FL 33139 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: MARK STRUME Name of General Partner:______ Street Address: 1688 MERSISAN AVE, #717 Street Address: MIAMS BEAM FL 33139 Mailing Address: Mailing Address: Name of General Partner:_______Name of General Partner:______ ____ Street Address: _ Street Address:

Mailing Address:

Jailing Address

Page 1 of 2

Name of General Partner:	Name of General Partner:		
Street Address:	Street Address:		
_	Mailing Address:		
Note: If the date inserted in this block does not in document's effective date on the Department 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		
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): Certificate of Status (optional):

\$52.50

\$8.75

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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STROME INVESTMENT MANAGEMENT, 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 TWENTIETH DAY OF MAY, A.D. 2020. THE STROME OF THE STATE O

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

Authentication: 202964084

Date: 05-20-20

OCTOBER, A.D. 1993.