B2000000140

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

Office Use Only



200347761852

SECRETANIES TO NO. 46

50.00 Em -7 10.00.06

K SALY

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 342696 4364702

AUTHORIZATION : Sprels of

COST LIMIT : \$ 1061.25

ORDER DATE : July 2, 2020

ORDER TIME : 4:25 PM

ORDER NO. : 342696-030

CUSTOMER NO: 4364702

FOREIGN FILINGS

NAME: STROME GROUP, L.P.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: STROME GROUP, LP			
	Name of Foreign Limited Part	nershi	p or Limited Liabilit	y Limited Partnership
parurei	closed application, certificate of status and f ship to transact business in Florida. return all correspondence concerning this m			er a foreign limited partnership or limited liability limited
Vinee	Mehta			
	Contact Person			
Strom	e Group			
	Firm/Company	-		
1688	Meridian Ave, Suite 727			
	Address			
Miam.	Beach, FL 33139			
	City, State and Zip Code			
vmehi	a@strome.com			
E-ma	il address: (to be used for future annual repo	rt noti	fication)	
For fur	ther information concerning this matter, plea	ıse cal	l:	
	Mehta		3108828752	
	Name of Contact Person	at (Area Code and Day	time Telephone Number
Enclose	ed is a check for the following amount:			·
(\$9	00.00 Filing Fee 65 Filing Fee and Registered Agent Control Registered Agent Registered Agent Registered Agent		1,052.50 Filing Fees and Certified Copy	圖\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
	Mailing Address; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regis Divis The (2415	Address: Stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

FILED

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

2020 JUL -7 AM 9: 46 SLCHETARY OF STATE

STROME GROUP, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffi 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 I.LLP. STROME MERIDIAN GROUP, LP 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 3.09/07/2005 State or Country of Formation Date of Formation 4. Federal Employer Identification Number:____81- 0679523 5. Name of Registered Agent for Service of Process and Florida Street Address: Vinee Mehta 1688 Meridian Ave, Suite 727 Miami Beach, FL 33139 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: 8. Mailing Address: 1688 Meridian Ave 1688 Meridian Ave Suite 727 Suite 727 Miami Beach, FL 33139 Miami Beach, 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 Strome Name of General Partner: 1688 Meridian Ave, Suite 727 Street Address: _ Street Address: _ Miami Beach, FL 33139 Mailing Address: _____ Mailing Address: _____ Name of General Partner: Name of General Partner: Street Address: Mailing Address: _____ Mailing Address: ____

Page 1 of 2

FILED
2020 JUL -7 AM 9: 46
SECRETART OF STATE
FALLAHASSEE, FLORIDA

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 filin (Effective date cannot be prior to nor more than S Note: If the date inserted in this block does not m document's effective date on the Department of S	g:
Florida Department of State, by the Secretary of	enticated, 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
Signed this 2-1 day of	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

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

Page 2 of 2

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "STROME GROUP, 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 SIXTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STROME GROUP,

L.P." WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2005.

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

2020 JUL -7 AM 9: 46



Authentication: 203229637

Date: 07-06-20

4029040 8300

SR# 20206077342