

B21000000020

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

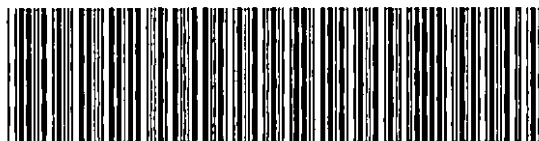
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900356827089

12/29/20-- 01020--021 \*\*1000.00

**COVER LETTER**

**O:** Registration Section  
Division of Corporations

**SUBJECT:** CMDTY SPV2, LP

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:

JASON D'ALESSANDRO

Contact Person

CMDTY CAPITAL MANAGEMENT, LP

Firm/Company

426 W SAN MARINO DRIVE

Address

MIAMI BEACH, FL 33139

City, State and Zip Code

jason@cmdty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON D'ALESSANDRO at (917) 213-7956

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fee    ☐ \$1,008.75 Filing Fees    ☐ \$1,052.50 Filing Fees    ☐ \$1,061.25 Filing Fee.  
( \$965 Filing Fee and    and Certificate of    and Certified Copy    Certified Copy, and  
\$35 Registered Agent    Status       Certificate of Status  
Fee)

**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

CMDTY SPV2, 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.

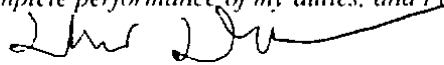
DELAWARE 3. 6/22/2015  
State or Country of Formation Date of Formation

Federal Employer Identification Number 47-4344710

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

DAVID D'ALESSANDRO  
26 W SAN MARINO DRIVE  
MIAMI BEACH, FL 33139

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

Principal Office:  
26 W SAN MARINO DRIVE  
MIAMI BEACH, FL 33139

8. Mailing Address:  
426 W SAN MARINO DRIVE  
MIAMI BEACH, FL 33139

If limited partnership is a limited liability limited partnership, check box. ☐

9. Name, principal office address, and mailing address of each general partner:

Name of General Partner: CMDTY ADVISERS, LLC	Name of General Partner:
Street Address: 426 W SAN MARINO DRIVE	Street Address:
MIAMI BEACH, FL 33139	
Mailing Address: 426 W SAN MARINO DRIVE	Mailing Address:
MIAMI BEACH, FL 33139	
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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.*

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 law of which it is organized.

Signed this First day of December, 2020



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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CMDTY SPV2, 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 TWELFTH DAY OF NOVEMBER, A.D. 2020.

  
\_\_\_\_\_  
Jeffrey W. Bullock, Secretary of State

5771498 8300

SR# 20208177923

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204068509

Date: 11-12-20