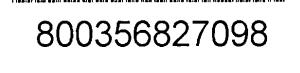
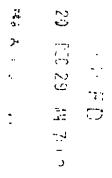
## B2100000001

(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



12/29/20--01020--020 \*\*1000.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
CMINTY PARTNERS I P		
SUBJECT: Name of Foreign Limited Part	ership or Limited Liabil	ity Limited Partnership
The enclosed application, certificate of status and for partnership to transact business in Florida.  Please return all correspondence concerning this man		ter a foreign limited partnership or limited liability limited
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 repo	t notification)	
For further information concerning this matter, plea	se call:	
JASON D'ALESSANDRO	917 213	3-7956
Name of Contact Person	at () Area Code and Da	ytime Telephone Number
Enclosed is a check for the following amount:		
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  □\$1,008.75 Filing Fees and Certificate of Status	□\$1,052,50 Filing Fee and Certified Copy	
Mailing Address:	Street Address:	
Registration Section	_	istration Section
Division of Corporations		ision of Corporations
P.O. Box 6327		Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA CMDTY PARTNERS, LP (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. 3. 8/6//2013 2. DELAWARE State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 37-1740282 5. Name of Registered Agent for Service of Process and Florida Street Address: DAVID D'ALESSANDRO 426 W SAN MARINO DRIVE 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: 426 W SAN MARINO DRIVE 426 W SAN MARINO DRIVE 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: CMDTY ADVISERS, LLC Name of General Partner: 426 W SAN MARINO DRIVE Street Address: \_\_ Street Address: \_\_\_\_\_\_\_ MIAMI BEACH, FL 33139 426 W SAN MARINO DRIVE Mailing Address: Mailing Address: MIAMI BEACH, FL 33139 Name of General Partner:\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_\_

Street Address:

Mailing Address: Mailing Address:

## Page 1 of 2

Name of General Partner:_	Name of General Partner;
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Effective date cannot be prior <b>Note</b> : If the date inserted in thi	to nor more than 90 days after the date this document is filed by the Florida Department of State.) is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
	existence duly authenticated, not more than 90 days prior to the delivery of this application to the the Secretary of State or other official having custody of the entity's records in the jurisdiction under l.
signed this	day of Newsyler
	_ Lln Jen
	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

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "CMDTY PARTNERS, 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.



Authentication: 204068473

Date: 11-12-20