B21000000541

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





500372753155

RECEIVED

FILED
2021 DEC -9 AM 8: 58
SECONG MAY 202 STATE

DEC 0 9 2021 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT	NO.	:	I20000000199
--	---------	-----	---	--------------

REFERENCE : 289674 7955844

AUTHORIZATION : South Clerk

COST LIMIT : \$\frac{1}{900.00}

ORDER DATE : December 8, 2021

ORDER TIME : 9:41 AM

ORDER NO. : 289674-005

CUSTOMER NO: 7955844

FOREIGN FILINGS

NAME: ADI LONG SHORT EQUITY FUND LP

XXXX QUALIFICATION (TYPE: <u>LP</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Adi Long Short Equity Fund LP		
Name of Foreign Limited Partr	nership or Limited	Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		o register a foreign limited partnership or limited liability limited
Paritosh Gupta		
Contact Person		_
Adi Capital Management LLC		
Firm/Company		_
1330 West Ave. Ste 1207		
Address		_
Miami Beach, FL 33139		
City. State and Zip Code		_
jyankovich@adicaplle.com		
E-mail address: (10 be used for future annual report	1 notification)	-
For further information concerning this matter, pleas	se call:	
Paritosh Gupta	at (646	465-1680
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amount:		
\$1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Fi and Certified	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADI Registration Sec Division of Corp P. O. Box 6327 Tallahassee, FL	tion porations

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

Adi Long Short Equity Fund 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. 10/09/2013 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number. $\underline{\frac{36\text{-}4771177}{}}$ 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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. Corporation Service Company

By: Equation Service Company Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1330 West Ave, Ste 1207 1330 West Ave, Ste 1207 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:___ _____Name of General Partner: 1330 West Ave, Ste 1205 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: ____

Name of General Partner:
_ Street Address:
Mailing Address:
late this document is filed by the Florida Department of State.) statutory filing requirements, this date will not be listed as the
re than 90 days prior to the delivery of this application to the cial having custody of the entity's records in the jurisdiction under
20
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)

Certificate of Status (antional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ADI LONG SHORT EQUITY FUND 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADI LONG SHORT EQUITY FUND LP" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2013.

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



Authentication: 204914553

Date: 12-08-21