# 1322-000000011

(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:
emailed prout 2/8/220
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8. FRANKLIN FEB 1 0 2022

### **COVER LETTER**

<b>4</b>				
TO: Registration Section Division of Corporations		•		
SUBJECT: #D Digital Asset Income Fund LP				
Name of Foreign Limited Pa	artnership or Limite	ed Liability L	imited Partnership	
The enclosed application, certificate of status and partnership to transact business in Florida.  Please return all correspondence concerning this		l to register a	foreign limited partners	ship or limited liability limited
Matthew Rosen				
Contact Person				
Hyperion Decimus, LLC				
Firm/Company				
125 S Swoope Ave Ste 203				
Address				
Maitland, FL 32751				20.
City, State and Zip Code				DE T
info@hyperiondecimus.com				
E-mail address: (to be used for future annual re	port notification)			0
For further information concerning this matter, p	lease call:			5 P 11
Matthew Rosen	at (407	537-93	93	PH 7: 45
Name of Contact Person		le and Daytin	ne Telephone Number	<del>,</del> 5
Enclosed is a check for the following amount:				
□\$1,000.00 Filing Fec (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fe and Certificate of Status		_	■\$1,061.25 Filing Fee Certified Copy, and Certificate of Status	
Mailing Address: Registration Section		Street A Registr	ddress: ration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

Acceptable Limited Partnership suffixes: Limite	nited Liability Limited Partnership, which must include suffix) of Partnership, Limited, L.P., LP, or Ltd. of suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	ited partnership or limited liability limited partnership proposes to register to transact ss in Florida; must contain acceptable suffix.
2. DE	1/12/2022
State or Country of Formati	
4. Federal Employer Identification Number: 8	7-4386533
5. Name of Registered Agent for Service of Pr	
Hyperion Decimus, LLC	
125 S Swoope Ave, STE 203	
Maitland, FL 32751	<del></del>
	agent and agree to act in this capacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with and accept the performance of Signature of Registered Agent
7. Principal Office:	0
125 S Swoope Ave, STE 203	8. Mailing Address: 125 S Swoope Ave, STE 203
Maitiand, FL 32751	8. Mailing Address: 125 S Swoope Ave, STE 203  Maitland, FL 32751
	Ivialitatid, TD 32/31
<ol> <li>If limited partnership is a limited liability li</li> <li>Name, principal office address, and mailing</li> <li>Name of General Partner: Hyperion Decimus</li> </ol>	ng address of each general partner:  LLC Name of General Partner:
Street Address: 125 S Swoope Ave, Ste 203  Maitland, FL 32751	Street Address:
	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
	Mailing Address:

# Page 1 of 2

Name of General Partner:	Name of General Partner:				
C	Street Address:				
Mailing Address:	Mailing Address:	·			
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 d Note: If the date inserted in this block does not meet a document's effective date on the Department of State  12. Attached is a certificate of existence duly authentificate Department of State, by the Secretary of State the law of which it is organized.	ays after the date this document is filed by the the applicable statutory filing requirements, the records.	his date will not be listed as the			
the law of which it is organized.  Signed this 19th day of 19th		's records in the jurisdiction under			
	Munn				
	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: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 I \$52.50 \$8.75				
	Page 2 of 2	F. 5			

## Page 1 of 2

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 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.						
12. Attached is a certificate of existence duly authenticated, not Florida Department of State, by the Secretary of State or other of the law of which it is organized.	more than 90 days prior to the delivery of this application to the fficial having custody of the entity's records in the jurisdiction under					
Signed this 19th day of January	,20 22					
20th	MTZ.					
Signature of a general partner  The individual signing this document affirms that the facts stated herein are true and the individual is aware that submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.						
Certified Copy (optional): \$	1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)					

\$8.75

Certified Copy (optional): Certificate of Status (optional):

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HD DIGITAL ASSET INCOME 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 NINETEENTH DAY OF JANUARY, A.D. 2022.

2022 FEB -8 PM 7: 45

at corp.delaware.gov/aut

Authentication: 202426403

Date: 01-19-22