

B22000000105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

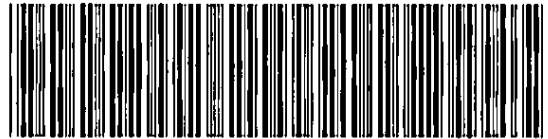
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S. HAWKES
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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4,
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: **March 04, 2022**

Name: **David Shulman**

Reference #: **1617148**

Entity Name: **X MACHINA CAPITAL STRATEGIES FUND I (CAYMAN) LP**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$1000.00**

Signature: *David Shulman*



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Authorized Amount: **\$1000.00**

Signature: David Shulman

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

1. X Machina Capital Strategies Fund I (Cayman) 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.

2. Cayman Islands 3. 2/3/2022
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: _____

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

COGENCY GLOBAL INC.
115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301

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.

/s/Tracy Giumarra
Signature of Registered Agent
COGENCY GLOBAL INC. - Tracy Giumarra, Assistance Secretary

7. Principal Office:

501 East Las Olas Boulevard
Suites 200 & 300
Fort Lauderdale, Florida 33301

8. Mailing Address:

501 East Las Olas Boulevard
Suites 200 & 300
Fort Lauderdale, Florida 33301

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: <u>X Machina Capital Strategies Fund I GP LLC</u>	Name of General Partner: _____
Street Address: <u>501 East Las Olas Boulevard, Suites 200 & 300</u>	Street Address: _____
<u>Fort Lauderdale, Florida 33301</u>	_____
Mailing Address: <u>501 East Las Olas Boulevard, Suites 200 & 300</u>	Mailing Address: _____
<u>Fort Lauderdale, Florida 33301</u>	_____
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: _____

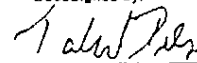
11. Effective date, if other than the date of filing: _____

(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 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 the law of which it is organized.

Signed this 2/23/2022 day of February, 2022

DocuSigned by:


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

QH-116676

Certificate of Good Standing of a Partnership

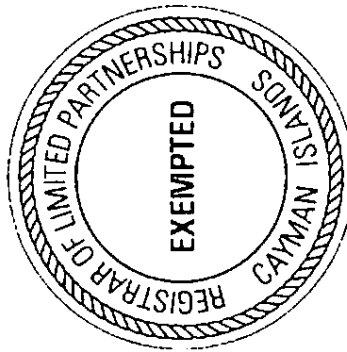


I DO HEREBY CERTIFY that

X Machina Capital Strategies Fund I (Cayman) LP

a partnership duly organized and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in Good Standing with this office, and duly authorized to exercise therein all the powers vested in the partnership.

Given under my hand and Seal at George Town in the
Island of Grand Cayman this 3rd day of March
Two Thousand Twenty-Two



An Authorised Officer
Registrar of Partnerships
Cayman Islands.