

2022, 3:52 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H22000200519 3)))



H220002005193ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)288-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
ASHAROKEN CAPITAL FUND LP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

2022 JUN -8 AM 8:10

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**S. ROBERTS**

**JUN 08 2022**

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

1. Askaroken Capital 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.

2. Delaware

State or Country of Formation

3. 4/13/2007

Date of Formation

4. Federal Employer Identification Number. 20-8863631

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

Cynis Ghassemi

601 Brickell Key Drive, Suite 700

Miami, FL 33131

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.

By:

/s/ Cyrus Ghassemi

Signature of Registered Agent

7. Principal Office:

601 Brickell Key Drive, Suite 700

Miami, FL 33131

8. Mailing Address:

601 Brickell Key Drive, Suite 700

Miami, FL 33131

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: Askaroken Capital GP LLC

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

Street Address: 601 Brickell Key Drive, Suite 700

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

Miami, FL 33131

Mailing Address: 601 Brickell Key Drive, Suite 700

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

Miami, FL 33131

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 1st day of June, 2022

*Cyrus Ghassemi*  
 /s/ Cyrus Ghassemi

Name: Cyrus Ghassemi

Title: Managing Member of the General Partner

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 Registered Agent Fee)

\$52.50

\$8.75

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASHAROKEN CAPITAL 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 JUNE, A.D. 2022.

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



4334211 8300

SR# 20222655923

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203623620

Date: 06-08-22