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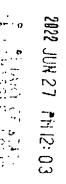
(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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Office Use Only



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JUN 28 2022 M. SOLOMON

COVER LETTER

Division of Corporations	•
SUBJECT: LCM Quantitative Partners, LP	•
Name of Foreign Limited Partnership or Limite	ed Liability Limited Partnership
The enclosed application, certificate of status and fees are submitted partnership to transact business in Florida. Please return all correspondence concerning this matter to:	to register a foreign limited partnership or limited liability limited
David Corddry	
Contact Person	
Lansing Capital Management LLC	
Firm/Company	
225 West Canton Ave Suite 600	
Address	B22
Winter Park, FL 32789	1822 JUH 27
City, State and Zip Code	<u> </u>
david@lansingcapital.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·
David Corddry at (407	622.8085
Name of Contact Person Area Cod	le and Daytime Telephone Number
Enclosed is a check for the following amount:	
■\$1,000.00 Filing Fee □\$1.008.75 Filing Fees □\$1,052.50 (\$965 Filing Fee and and Certificate of and Certificate of Fee)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section 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

LCM Quantitative 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. 2. Delaware 3 February 3, 2022 Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 88-0614592 5. Name of Registered Agent for Service of Process and Florida Street Address: David Corddry 225 West Canton Ave Suite 600 Winter Park, FL 32789 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. Signature of Registered Agent 8. Mailing Address: 7. Principal Office: 225 West Canton Ave Suite 600 225 West Canton Ave Suite 600 Winter Park, FL Winter Park, FL 32789 32789 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: 225 West Canton Ave Suite 600 Street Address: Street Address: Winter Park, FL 32789 225 West Canton Ave Suite 600 Mailing Address: _____ Mailing Address:____ Winter Park, FL 32789 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:			
	filing: an 90 days after the date this document is filed by the Florida Department of State of meet the applicable statutory filing requirements, this date will not be listed as of State's records.			
	authenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction			
Signed this 10th day of 1	Month of PASISONI WANSING CANITAL MANAGEMENT LLC 175. 6.7. Signature of a general partner			
_	LANSING CONTRA MONTORMENT LLC 175. 6.7.			
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): Certificate of Status (optional): \$52.50 \$8.75

Page 2 of 2

2022 JUN 27 PT 12: 03





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

DELAWARE, DO HEREBY CERTIFY "LCM QUANTITATIVE 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 FOURTEENTH DAY OF JUNE, A.D. 2022.

Authentication: 203674371

Date: 06-14-22



May 31, 2022

DAVID CORDDRY LANSING CAPITAL MANAGEMENT 225 WEST CANTON AVE, SUITE 600 WINTER PARK, FL 32789

SUBJECT: LCM QUANTITATIVE PARTNERS LP

Ref. Number: W22000026224

We have received your document for LCM QUANTITATIVE PARTNERS LP . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please add the suffix for the GP Lansing Capital Management. We need a certificate of good standing from Delaware for LCM Quantitative Partners LP, not the for the GP.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Recharante (2)

Letter Number: 522A00012183



March 1, 2022

DAVID CORDDRY LANSING CAPITAL MANAGEMENT 225 WEST CANTON AVE, SUITE 600 WINTER PARK, FL 32789

SUBJECT: LCM QUANTITATIVE PARTNERS LP

Ref. Number: W22000026224

We have received your document for LCM QUANTITATIVE PARTNERS LP and check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The company listed as the General Partner, must have an active registration on http://www.sunbiz.org

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 322A00005008

Mel Solomon Senior Section Administrator

www.sunbiz.org

Division CO and DO DOV GOOD BUILD DIVISIONS