

B22000000418

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

2022 AUG 18 AM 10:20

****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 Autonomous Partners LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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S. ROBERTS

AUG 18 2022

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

1. Autonomous 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. DE

State or Country of Formation

3. 10/24/2017

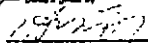
Date of Formation

4. Federal Employer Identification Number 82-3215907

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

Arianna Simpson1508 Bay Road, #N0702Miami Beach, FL 33139

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.

Detached and signed by

Arianna Simpson

Signature of Registered Agent

7. Principal Office:

1508 Bay Road, #N0702Miami Beach, FL 33139

8. Mailing Address:

1508 Bay Road, #N0702Miami Beach, FL 331399. 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: Autonomous Capital Management Advisors LLC

Name of General Partner: _____

Street Address: 1508 Bay Road, #N0702

Street Address: _____

Miami, FL 33139Mailing Address: 1508 Bay Road, #N0702

Mailing Address: _____

Miami Beach, FL 33139

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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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 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 11th day of August, 2022

Documented by:
[Signature]

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

Page 2 of 2

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTONOMOUS 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 SEVENTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTONOMOUS PARTNERS LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2017.

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



6591006 8300

SR# 20223290635

You may verify this certificate online at 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 in a small font.

Authentication: 204186093

Date: 08-17-22