B2200000572

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: I20000000088

Date:	12/15/202	2	
Name:_	Janel	le Davis	_
		861450	_
		3EDGE ASSE	MANAGEMENT, LP
V	Articles of Incorpo	ration/Authorization	to Transact Business
	Amendment		
	Change of Agent		
□ F	Reinstatement		
☐ Conversion			
<u> </u>	Merger		
	Dissolution/Withdr	awal	
	Fictitious Name		
	Other		
Authori	zed Amount:	\$1,000.00	
Signatu	ıre: <u>J</u> anı	elle Davis	

LONDON EC3N 3AX

+44 (0)20,3961,3080

COVER LETTER

·TO:

TO: Registration Section Division of Corporations			
SUBJECT: 3EDGE Asset Management, LP			
Name of Foreign Limited	Partnership or Limited I	Liability Limited Partnership	
The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning the		register a foreign limited partnership or limite	ed liability limited
Stephen Cucchiaro			
Contact Person		-	
3EDGE Asset Management, LP			
Firm/Company		-	
999 Vanderbilt Beach Road, Suite 200			
Address		-	
Naples, FL 34108			
City. State and Zip Coo	ie	-	
sjc@3edgeam.com			
E-mail address: (to be used for future annua	report notification)	-	
For further information concerning this matter	r, please call:		
Selena Moore, Paralegal, Pierce Atwood LLP	et (603	373-2009	
Name of Contact Person		nd Daytime Telephone Number	
Enclosed is a check for the following amount:			
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent 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

L. 3EDGE Asset Mar				
Acceptable Limited F	Partnership suffixes: Limited Partnersh	lity Limited Partnership, which must include suffix hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LL.		
If name unavailable		rship or limited liability limited partnership proposes ta: must contain acceptable suffix.	 to register	to transact
Delaware		October 6, 2015		
-·	ate or Country of Formation	Date of Formation		
4. Federal Employe	r Identification Number. 47-52765	37		
5. Name of Register	ed Agent for Service of Process and	Florida Street Address:		
Cogency Global Inc.				
115 North Calhoun S	Street, Suite 4			
Tallahassee, FL 3230	01			
of all statutes rela my position as reg 7. Principal Office:	istered agent(QUCC_	mance my duties, and I am familiar with and acception in the second seco	on the oblige 2022 DEC	
999 Vanderbilt Beac	th Road, Suite 200	same as principal office		-
Naples, FL 34108			<u>.</u>	
		•	<u> </u>	
9. If limited partne	rship is a limited liability limited par	tnership, check box. 🗆	?: 5	
10. Name, principa	l office address, and mailing address	of each general partner:		
Name of General	Partner: 3EDGE Asset Management General Part	ner, LLC Name of General Partner:		
Street Address:	000 Vandarbilt Basch Dood, Suita 200			
200000	Naples, FL 34108			
Mailing Address	:	Mailing Address:		
Name of General	Partner:	Name of General Partner:		
Street Address:		Street Address:		
Mailing Address	:	Mailing Address:		

Page I 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 Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	days after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly author Florida Department of State, by the Secretary of State law of which it is organized.	nticated, not more than 90 days prior to the delivery of this application to the ate or other official having custody of the entity's records in the jurisdiction under
Signed this day of day of	Signature of a general partner
The individual signing this document affirms that the submitted in a document to the Department of State	ne facts stated herein are true and the individual is aware that false information constitutes a third degree felony as provided for in s.817.155. F.S.

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: \$1,000.
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "3EDGE ASSET MANAGEMENT, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3EDGE ASSET MANAGEMENT, LP" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2015.

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



Authentication: 205104385

Date: 12-15-22