

# B230000000000008

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H230000063923))



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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

2023 JAN -5 AM 8:22

**\*\*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

### Alpha Europe Long Only LP

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

2023 JAN -5 AM 4:47

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JAN - 6 2023

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

1 Alpha Europe Long Only 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 L.L.L.P.

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 December 1, 2022

Date of Formation

4. Federal Employer Identification Number \_\_\_\_\_

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

Vcorp Services, LLC

1200 South Pine Island Road

Plantation, Florida 33324

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

Miriam Nachison

Signature of Registered Agent

7 Principal Office:

6770 Daniels Road

Naples, FL 34109

8 Mailing Address:

6770 Daniels Road

Naples, FL 34109

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 Albert Bridge Capital LLC

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

Street Address 6770 Daniels Road

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

Naples, FL 34109

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

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

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

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

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

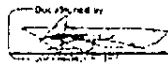
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

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 3rd day of January, 2023

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

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPHA EUROPE LONG ONLY 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 FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPHA EUROPE LONG ONLY LP" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2022.

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



7163303 8300

SR# 20230040574

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 in a small font.

Authentication: 202429182

Date: 01-05-23