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Division of Corporations

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Florida Department of State

Division of Corporations

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3rd FAX To: Attention: Sharon D. Franklin Please keep original file date.

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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

Email Address: Doug.Licker@lumina247.com

FLORIDA/FOREIGN LP/LLLP

Lumina Alpha One Fund, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help. ROBERTS

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

1. LUMINA ALPHA ONE 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 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. Delaware3. 02/22/2023

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number, 92-2606099

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

Douglas Licker101 E. Kennedy Boulevard, Suite 4110Tampa, Florida 33602

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.



Signature of Registered Agent

7. Principal Office:

8. Mailing Address:

101 E. Kennedy Boulevard, Suite 4110101 E. Kennedy Boulevard, Suite 4110Suite 4110Suite 4110Tampa, Florida 33602Tampa, Florida 336029. 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, Lumina Alpha One Partnership, LLC

Authorized Representative:

Jackie BakerStreet Address 101 E. Kennedy Boulevard, Suite 4110Street Address 101 E. Kennedy Boulevard, Suite 4110Tampa, Florida 33602Tampa, Florida 33602Mailing Address, 101 E. Kennedy Boulevard, Suite 4110Mailing Address 101 E. Kennedy Boulevard, Suite 4110Tampa, Florida 33602Tampa, Florida 33602

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 15th day of March, 2023

Lumina Alpha One Partnership, LLC, General Partner

By: _____

Doug Licker, Manager

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 "LUMINA ALPHA ONE 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 SIXTEENTH DAY OF MARCH, A.D. 2023.

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



7311784 8300

SR# 20231023397

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.

Authentication: 202932770

Date: 03-16-23