

B23000000196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

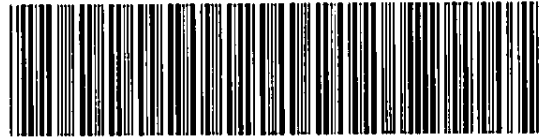
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-82473

Office Use Only



300409456093

2023 JUN 12 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 JUN 12 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 13 2023

< Brumbly



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2023

SUNSHINE

SUBJECT: ARAHAMAP CAPITAL FUND, LP
Ref. Number: W23000082473

CORRECTED
Please Allow For
Same File Date

We have received your document for ARAHAMAP CAPITAL FUND, LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business name listed as GP is cut off.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 923A00013305

RECEIVED
2023 JUN 13 AM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/12/2023

****WALK IN****

ENTITY NAME Arahamap Capital Fund, LP.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$1000

ACCOUNT #: I20160000072

S R JAO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arahamap Capital Fund, LP.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Mary Ann Rizzo

Contact Person
Arahamap Capital Fund, LP.

Firm/Company
2855 University Dr. Ste 230

Address
Coral Springs FL 33065

City, State and Zip Code
mrizzo@turnkeyhedgefunds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:
Lauren Johnson at (800) 567-4397

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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

1. Arahamap Capital 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 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. 06/08/2023 Date of Formation

4. Federal Employer Identification Number: _____

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

URS AGENTS, LLC
3458 Lakeshore Drive
Tallahassee, FL 32312

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.

Lauren Johnson Lauren Johnson, Asst. Secretary
Signature of Registered Agent

2023 JUN 12 PM 5:15

7. Principal Office:
12085 SW 135 Terrace
Miami FL 33186

8. Mailing Address:
12085 SW 135 Terrace
Miami FL 33186

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

ARAHAMAP CAPITAL MANAGEMENT, LLC

| | | | |
|--------------------------|---|--------------------------|-------|
| Name of General Partner: | _____ | Name of General Partner: | _____ |
| Street Address: | <u>12085 SW 135 TERRACE</u> <u>MIAMI, FL 33186</u> | Street Address: | _____ |
| Mailing Address: | <u>12085 SW 135 TERRACE</u> <u>MIAMI, FL 33186</u> | Mailing Address: | _____ |
| Name of General Partner: | _____ | Name of General Partner: | _____ |
| Street Address: | _____ | Street Address: | _____ |
| Mailing Address: | _____ | Mailing Address: | _____ |

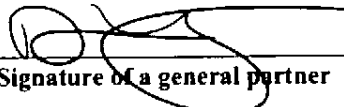
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 Mailing Address: _____ Mailing Address: _____

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 6th day of June, 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 |

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARAHAMAP CAPITAL 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 NINTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARAHAMAP CAPITAL FUND, LP" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

7503918 8300

SR# 20232722238

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203523134

Date: 06-09-23