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Division of Corporations

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

From: Account Name : CAPITAL LEGAL GROUP PA  
Account Number : I20210000025  
Phone : (305)676-0924  
Fax Number : (305)676-0924

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

Email Address: info@clglaws.com

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

AltaLand Quantamental Long-Short Fund, LP

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AltaLand Quantamental Long-Short 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:

Lauren Shapiro  
Contact Person  
Capital Legal Group, PA  
Firm/Company  
1110 Brickell Avenue, Suite 505  
Address  
Miami, FL 33131  
City, State and Zip Code  
info@clglaws.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Shapiro at (305) 676-0924  
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

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

1. AltaLand Quantamental Long-Short 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. Delaware

3. 1/24/23

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number. 92-2685572

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

Daniel Gonzalez

777 Brickell Avenue, Suite 500

Miami, Florida 33131

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.

[Handwritten Signature]

Signature of Registered Agent

7. Principal Office:

777 Brickell Avenue, Suite 500

Miami, Florida 33131

8. Mailing Address:

777 Brickell Avenue, Suite 500

Miami, Florida 33131

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: AltaLand Capital, LLC

Name of General Partner:

Street Address: 777 Brickell Avenue, Suite 500

Street Address:

Miami, Florida 33131

Mailing Address: 777 Brickell Avenue, Suite 500

Mailing Address:

Miami, Florida 33131

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: \_\_\_\_\_

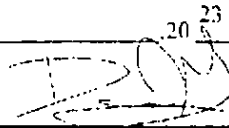
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 22nd 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