

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 16 PM 3:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2024

SAMI CIGEROGLU
707 N FRANKLIN ST UNIT 3
TAMPA, FL 33602 US

SUBJECT: DFN ALPHA 90/10 FUND LP
Ref. Number: W24000072555

We have received your document for DFN ALPHA 90/10 FUND LP and check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 224A00010185

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DFN ALPHA 90/10 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:

Sami Cigeroğlu

Contact Person

DFN Management LLC

Firm/Company

707 N Franklin St Unit 3

Address

Tampa FL 33602

City, State and Zip Code

operations@dfnalpha.com

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

For further information concerning this matter, please call:

Sami Cigeroğlu

at (315) 750-2615

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. DFN ALPHA 90/10 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

State or Country of Formation

3. 9/22/2015

Date of Formation

4. Federal Employer Identification Number: 47-5168302

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

Absolute Group I LLC

707 N Franklin St Unit 3

Tampa FL 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]
Signature of Registered Agent

7. Principal Office:

707 N. Franklin Street

Unit 3

TAMPA, FL 33602

8. Mailing Address:

707 N. Franklin Street

Unit 3

TAMPA, FL 33602

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: DFN MANAGEMENT LLC

Name of General Partner: _____

Street Address: 707 N. Franklin Street Unit 3

Street Address: _____

TAMPA, FL 33602

Mailing Address: 707 N. Franklin Street Unit 3

Mailing Address: _____

TAMPA, FL 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: _____

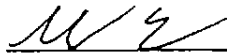
11. Effective date, if other than the date of filing: _____

(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 May, 2024



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

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DFN ALPHA 90/10 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 TWENTIETH DAY OF MARCH, A.D. 2024.



5831432 8300

SR# 20241067205

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203064505

Date: 03-20-24