B24000000264

(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:		

Office Use Only



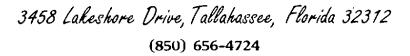
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K. Brumbley

Sunshine State Corporate Compliance Company





DATE 08/21/2024	_	⇔WALK IN•			
ENTITY NAME AvCap Trading Fund US Master, LP					
DOCUMENT NUMBER	₹				
	PLEASE FILE	THE ATTACHED AND RETURN			
	Plain Copy				
XXXXXXXX	Certified Copy				
	Certificate of State	as			
	Certified Copy of t Certificate of Good	Arts & Amendments Standing			
	APOSTILLE'	/ NOTARIAL CERTIFICATION			
COUNTRY OF DESTIN	ATION				
NUMBER OF CERTIFIC	CATES REQUESTED				
TOTAL OWED \$1052	2.50	ACCOUNT #: I20160000072			
		S R FM			
Planes call Time at	the chang womber to	or any issues or concerns. Thank you so much!			

COVER LETTER

Division of Corporations		
SUBJECT: AVCAP TRADING FUND US MA	STER, LP	
Name of Foreign Limited Pa	rtnership or Limite	d Liability Limited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this t		to register a foreign limited partnership or limited liability limite
Lorna J. Virts		
Contact Person		_
Smith, Gambrell & Russell, LLP		
Firm/Company	-	
1105 W. Peachtree Street NE, Suite 1000		
Address		_
Atlanta, GA 30309		
City, State and Zip Code		_
lvirts@sgrlaw.com		
E-mail address: (to be used for future annual rep	ort notification)	_
For further information concerning this matter, pla	ease call:	
Lorna J. Virts	4()4 at (815-35 00
Name of Contact Person		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 Fee and Certificate of Status	es ■\$1,052,50 F and Certific	
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. AvCap Trading Fu		lity Limited Partnership, which must inc	dude suffix)		
Acceptable Limited P	artnership suffixes: Limited Partnersh				
If name unavailable,	name under which the limited partner business in Florid	ship or limited liability limited partnership a; must contain acceptable suffix.	proposes to register to transact		
2 Delaware		3. 07/19/2023			
Sta	te or Country of Formation	Date of Forms	tion		
4. Federal Employer	Identification Number: 93-3370386				
	ed Agent for Service of Process and				
NRAI Services, Inc.					
1200 South Pine Islan	nd Road				
Plantation, FL 33324	1				
6. I hereby accept the of all statutes relating my position as regi	tive to the proper and complete performance agent.	agree to act in this capacity. I further ago mance of my duties, and I am familiar with re of Registered Agent	ee to comply with the provisions and accept the obligations of		
7. Principal Office:		8. Mailing Address:			
19495 Biscayne Blvd.		19495 Biscayne Blvd.			
Suite 604		Suite 604	202		
Aventura, FL 33180		Aventura, FL 33180	1 AU ()		
9. If limited partner	ship is a limited liability limited par	tnership, check box. 🗆	21 E		
10. Name, principal	office address, and mailing address	of each general partner:	Hd 000 000 000 000 000 000 000 000 000 0		
Name of General	Partner: AvCap Trading Fund GP, LL	C Name of General Partner:	<u>ੂੰ</u> ਹ		
Street Address:	19495 Biscayne Blvd.	Street Address:	5		
	Suite 604				
Mailing Address:	Aventura, FL 33180	Mailing Address:			
Name of General	Partner:	Name of General Partner:			
Street Address:		Street Address:			
Mailing Address:		Mailing Address:			

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in the	an the date of filing:
Florida Department of State, b	existence duly authenticated, not more than 90 days prior to the delivery of this application to the by the Secretary of State or other official having custody of the entity's records in the jurisdiction under d.
Signed this 20th	day of
	day of August .20 24 Jorge Wolf, Manager of General Partner Signature of a general partner
The individual signing this do	cument 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

Page 2 of 2

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AVCAP TRADING FUND US MASTER, 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 NINETEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVCAP TRADING FUND US MASTER, LP" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2023.

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

Authentication: 204194751

Date: 08-19-24

7576278 8300 SR# 20243455978