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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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05/11/15--01025--011 **25.00

15 MAY 11 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HURRICANE CAPITAL GLOBAL ALPHA FUND LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS RYAN
(Name of Person)

WORKBEAST
(Firm/Company)

444 BRICKELL AVE, SUITE 416
(Address)

MIAMI, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS RYAN at (561) 254.4007
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

HURRICANE CAPITAL GLOBAL ALPHA FUND LLC

2. The Articles of Organization were filed on 08/01/2014 and assigned

document number 614000120711

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

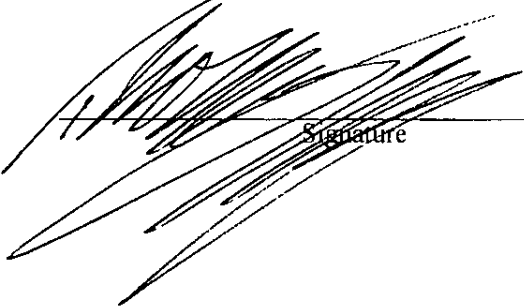
LIQUIDATION did NOT OCCUR

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

THOMAS RYAN
444 Brickell Ave suite 416
Miami FL 33171

15 MAY 11 AM 9:51
CLERK OF DISTRICT COURT
MIAMI FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

THOMAS RYAN
Printed Name

FILING FEE: \$25.00