

**M17000000980**

Division of Corporations  
Electronic Filing Cover Sheet

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((H170000320923)))



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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

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

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company  
EVERGLADES FUND I GP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2017 FEB -2 PM 3:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

17 FEB -2 PM 12:58

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FEB 03 2017

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**\*\*\*FILE FIRST WITH H17000032104 3\*\*\***

EVERGLADES FUND I GP LLC (H17000032092 3) IS GOING TO BE  
THE GENERAL PARTNER FOR EVERGLADES GLOBAL  
OPPORTUNITIES FUND LP (H17000032104 3)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Everglades Fund I GP LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kenneth P. Arnold

Name of Person

Everglades Fund I GP LLC

Firm/Company

5521 N. University Drive, Suite 103

Address

Coral Springs, FL 33067

City/State and Zip Code

ken@evergladescm.com

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

For further information concerning this matter, please call:

Kenneth P. Arnold

Name of Contact Person

at (

954

) Area Code

628-5622

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:



\$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

**Everglades Fund I GP LLC**

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Delaware** 3. **81-5182282**  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. **Not Applicable**  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. **5521 N. University Drive, Suite 103**  
**Coral Springs, FL 33067**  
(Street Address of Principal Office)

6. **5521 N. University Drive, Suite 103**  
**Coral Springs, FL 33067**  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box, NOT acceptable)

Name: **Kenneth P. Arnold**  
Office Address: **5521 N. University Drive, Suite 103**  
**Coral Springs** Florida **33067**  
(City) (Zip code)

**Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

By: \_\_\_\_\_  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Kenneth P. Arnold, Managing Member**  
**5521 N. University Drive, Suite 103**  
**Coral Springs, FL 33067**

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

\_\_\_\_\_  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.17.155, F.S.

**Kenneth P. Arnold**  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERGLADES FUND I GP LLC" 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 SECOND DAY OF FEBRUARY, A.D. 2017.

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



6294838 8300

SR# 20170608411

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 201973965

Date: 02-02-17