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10:	Division of Corporations	*	
SUBJE	TITAN GENERAL PARTNERS, LLC	·	
SUBJE	CT: Name	of Limited Liability Company	_
		ompany for Authorization to Transact Business in Floridaterenced foreign limited liability company to transact but	
Please r	return all correspondence concerning this matter to	the following:	
	Michael Lapat, Attorney at Law		
		Name of Person	_
	Turn Key Hedge Funds, Inc.		
	Firm/Company		
	2855 N. University Drive, Suite 230		2021 HAY 18
	Address		
	Coral Springs, FL 33065		
	Cit	y/State and Zip Code	- F. C. A. S.
	Lapat@turnkeyhedgefunds.com		
	E-mail address: (to be t	used for future annual report notification)	
For furt	her information concerning this matter, please call:		
	Michael Lapat	954 345-6442	
	Name of Contact Person	at ()	_
	Mailing Address:	Street Address:	
Registration Section		Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount:		

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee &

Certified Copy

Certificate of Status

■ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee

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:

	name adopted for the purpose of transacting business in Flo	rida. The alterna	te name must include "Limited Liability C	ompany," "L.L.C," or "LLC.")
Delaware			3382782	
(Jurisdiction under the law of which foreign limited liability company is organized)		J	olicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) e penalty liabilit	y)	
			West road, Suite 202	
ect Address of Principal Office)		U	(Mailing Address)	<u> </u>
Weston, FL 33326		Wes	ton, FL 33326	
				TO THAY
				200 Dec
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)	- भून, ० ० लाह्य
Name;	James J. Caprio			
Name,	2300 Weston Road, Suite 200		_	5, 0
Office Address:			_	
	Weston		33326	
	(Cny)		, Florida	

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Omicrom Holdings, LLC Carlos E. Ulloa ☐ Manager ■ Manager Address: __ 2300 Weston Road 2300 Weston Road ■ Member ☐ Member Address: Suite 202 Suite 202 Authorized ■ Authorized Weston, FL 33326 Weston, FL 33326 Person Person ☐ Other □Other____ Other Other___ Name: DM 168, LLC □ Manager □Manager Name: _____ Address: 2300 Weston Road **■**Member □Member Address: Suite 202 ☐ Authorized □ Authorized Weston, FL 33326 Person Person □Other □ Other Other Other Debra A. Corchia **■**Manager Name: □Manager 2300 Weston Road ☐ Member ☐ Member Suite 202 Authorized □ Authorized Weston, FL 33326 Person Person □Other □ Other ☐Other_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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 s.817.155, F.S.

CARLOS E. ULLOA Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "TITAN GENERAL PARTNERS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, CHANGING ITS NAME FROM "TITAN GENERAL PARTNERS LLC" TO "TITAN GENERAL PARTNERS, LLC", FILED THE SEVENTH

DAY OF OCTOBER, A.D. 2020, AT 1:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

Authentication: 204446682

Date: 12-30-20