

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M2400004935**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000140018 3)))



H240001400183ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : USS AGENTS LLC
Account Number : 120150000127
Phone : (800) 567-4397
Fax Number : (800) 567-4392

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

Email Address: lapat@turnkeyhedgefunds.com

**Foreign Limited Liability Company
Alpha Strike Series Fund Series I LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

(((H24000140018 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Strike Series Fund Series I 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:

David W. Oberting

Name of Person

Alpha Strike Series Fund Series I LLC

Firm/Company

320 Plaza Real, Apt 605

Address

Boca Raton, FL 33432

City/State and Zip Code

lapat@turnkeyhedgefunds.com

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

For further information concerning this matter, please call:

Kathy Clark

800

567-4397

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

(((H24000140018 3)))

(((H24000140018 3)))

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:

1. Alpha Strike Series Fund Series I LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FBI number, if applicable)

Upon Registration

4. (Date first transacted business in Florida, if prior to registration)
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. (Street Address of Principal Office)

320 Plaza Real, Apt. P 605, Boca Raton, FL
33432

6. (Mailing Address)

320 Plaza Real, Apt. P 605, Boca Raton, FL 33432

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee 32312
(City) Florida (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.

 Kathy Clark, Asst. Secretary
(Registered agent's signature)

(((H24000140018 3)))

(((H24000140018 3)))

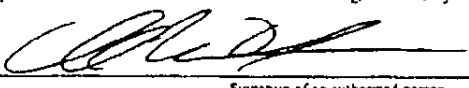
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: David W. Oberting	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 320 Plaza Real, Apt. P 605	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Boca Raton, FL 33432	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



Signature of an authorized person


Typed or printed name of signer

(((H24000140018 3)))

(((H24000140018 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPHA STRIKE SERIES FUND LLC - ALPHA STRIKE SERIES FUND SERIES I 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 SEVENTEENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "ALPHA STRIKE SERIES FUND LLC - ALPHA STRIKE SERIES FUND SERIES I LLC" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPHA STRIKE SERIES FUND LLC - ALPHA STRIKE SERIES FUND SERIES I LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2024.



3446461 8300E

SR# 20241487314

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203270601

Date: 04-17-24

(((H24000140018 3)))