Secretary of State

Application for Registration
Foreign Limited Partnership (LP)

_ FILED-

File No.: 202464800207

For Office Use Only

Date Filed: 12/2/2024

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00



LP-5

Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

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1. Name of Foreign LP (Only enter an alternate name if the foreign LP na	ame in Item 1a is not availab	le in CA.)			
Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the Alternate Name to be Used in California, if required.				
Alpha Square Fund, LP					
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached Cer	rtificate of Good Standing.)	<u> </u>			
Jurisdiction (State, foreign country or place where this LP is formed.)			· · ·		
Delaw	are				
3. Business Addresses (Enter the complete business addresses. Item	ns 3a and 3b cannot be a P.	O. Box or "in care	of" an indi	vidual or s	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
888 Prospect Street, Suite 200	La Jolla		CA	92037	
b. Mailing Address of Principal Office, If different than item 3a	City (no abbreviations)		State	Zip Code	
			<u></u>		
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.)	<u> </u>				***************************************
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.					
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Name				Suffix
		<u> </u>			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the registered agent Corporation.					
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete Item 4a or 4b				
Corporation Service Company Which Will Do Business in Californ	nia as CSC - Lawyers I	ncorporating Se	erviçe		
5. General Partners (Enter the name and addresses of all the General P	artners. Attach additional p	ages, if necessary.)		
5a. General Partner's Name		-	"		
Alpha Square Management, LLC					
5b. General Partner's Address	City (no abbreviations)		State	Zip Coo	ie
888 Prospect Street, Suite 200	La Jolla		CA	92037	
6. Foreign Limited Liability Limited Partnership (Check this box	x only if applicable)				
Check this box if the foreign limited partnership is a foreign limited	liability limited partnershi	p.			

LP-5 (REV 06/2023)

General Partner's Signature

Clear Form

deed. I further declare the information is true and correct, and I am authorized to sign.

All attachments are part of this document. I declare that I am the person who signed this instrument, which is my act and

Print Form

General Partner

Type or Print Name

2023 California Secretary of State bizfileOnline.sos.ca.gov

Semi h Unalan, Global CEO of Alpha Square Management, LLC,

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ALPHA SQUARE FUND, 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPHA SQUARE FUND, LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 204969672

Date: 11-25-24