## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140001549383)))



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To:

Division of Corporations

Fax Number 1 (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

FLORIDA/FOREIGN LP/LLLP

VERTICAL BRIDGE BROKERAGE, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

JUN 3 0 2016

A. LUN:

of 2

## H140001549383

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Vertical Bridge Brokerag	e, LLLP	_		
Name of Florida Limited Parts	ership or Limited Liability	Limited Partnership		
The enclosed Certificate of Limited Partnersh	iip and fees are submi	tted for filing.		
Please return all correspondence concerning t	ihis matter to:			
Daniel Marinberg, Esquire				
Contact Person	<del></del>		57:4	2
Vertical Bridge Holdings, LLC		•		2814 JUN
Firm/Company			5.0	<u> </u>
951 Broken Sound Parkway, St.	uite 320			27
Boca Raton, FL 33487			in in The	3
City, State and Zip Code				
dmarinberg@verticalbridge.com E-mail address: (to be used for future annual repo	ort nelification)	•	77 m	Q.
For further information concerning this matte	r, please call:			
	923	-0734		
Name of Contact Person	Area Code and Daytin	ne Telephone Number		
Enclosed is a check for the following amount	!			
S1,000.00 Filing Fees S1,008.75 Filing Fees (5965 Filing Fee and S35 Registered Agent Status	\$1,052.50 Filing Fees and Certified Copy	\$1,061.25 Filing Fee Certified Copy, and Certificate of Status	s,	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallohassee, FL 32301	MAILING AI Registration So Division of Co P. O. Box 632 Tallahassee, Fi	sction rporations 7		
CR2E030 (01/06)				

H140001549383

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

951 Broken Sound Parkway, Suite 320	Print far
(Street address of Initial designated office)	<u> </u>
Boca Raton, FL 33487	]. j
NATIONAL CORPORATE RESEARCH, LTD., INC.	<u>ው</u> ን" ምነግ
(Name of Registered Agent for Service of Process)	
155 Office Plaza Drive	<u>.</u>
(Florida street address for Registered Agent) Tallahassee, FL 32301	ا ا ا
mply with the provisions of all statutes relative to the proper and complete performance of	િ માપુ લેલલેં <mark>લ્ડ</mark> .
Harring Fallerd ass.	િ માપુ લેલલેં <mark>લ્ડ</mark> .
nply with the provisions of all statutes relative to the proper and complete performance of it am familiar with and accept the obligations of my position as registered agent.  Light Signalure of Registered Agent	િ માપુ ઘોલાં <mark>લ્ક</mark> .

Page 1 of 2

8. Name and business add: <u>Name:</u>	ess of each ge	neral partner: <u>Business</u>			
Daniel Marinberg		951 Broken Sound Parkway, Ste 320			
	<del></del>	Bocal	Raton, Fl	_ 33487	· · · · · · · · · · · · · · · · · · ·
			_ <del></del> _		<u> </u>
			·	, 	
			•	<del> </del>	2814 JUN 27
		<del></del>			
	<del></del>				<u> </u>
					2 2 2 3 8
9. Effective date, if other than th	e date of filing:				***
(Effective date cannot be pi filed by the Florida Depart			s after the do	ito the docum	nent is
Signed this 27-1h	day of	lune		2014	<del></del> ·
Signature of each general p stated herein are true. I/We document to the Departmer s.817.156, F.S.	am/are aware i it of State cons	that any false	information	submitted in	8
Janiel Marint	uera	<del> </del>		<del></del>	<del></del>
Filing Fees: Certified Copy (optional): Certificate of Status (option	\$52.5 onal): \$8.75	50	ling Fee and \$3	5 Registered A	gent Fee)