A-15000000417

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W15-3	1136	

Office Use Only



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05/27/15--01002--003 **1000.00

SECRETARY OF STATE

UUL **0 1 2015** U. BRUCE

COBB & ASSOCIATES PC

ATTORNEYS

Westport Financial Center, Suite 7700 191 Post Road West Westport, CT 06880 (203) 221-2700

June 24, 2015

15 JUN 30 PM 5: 15 SECKETARY OF STATE AND ANASSEE, FLORIDA

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

Re: Collins Capital Opportunity Fund LP, Ref. Number W15000037

Ms. Bruce:

In response to your comment letter dated May 28, 2015, in confection with the Application by Foreign Limited Partnership to Transact Business in Florida submitted on behalf of Collins Capital Opportunity Fund LP, a copy of which has been enclosed for your reference, please find enclosed an originally executed acceptance of registered agent.

Please acknowledge receipt of this letter and the enclosed documents by date stamping the duplicate of this letter and returning it in the self-addressed stamped envelope. Should you have any questions regarding this matter or require any further documentation, please do not hesitate to call the undersigned at (203) 522-0427

Sincerely,

Megan Hogan Senior Paralegal

Enclosures

cc: Collins Capital Investments, LLC



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2015

MEGAN HOGAN 79 WAMPUS WAY FAIRFIELD, CT 06825

SUBJECT: COLLINS CAPITAL OPPORTUNITY FUND LP

Ref. Number: W15000037736

We have received your document for COLLINS CAPITAL OPPORTUNITY LV and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 gays to your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 815A00011224

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Collins Capital Opportu (Name of Foreign Limited Partners)		/ Limited Partnersh	ip)	3
The enclosed application, certificate of st limited partnership or limited liability lim Please return all correspondence concerning	nited partnership to		_	
Megan Hogan				
(Contact Person)			2015 JUN 30 P 12: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	cand
(Firm/Company)			全 照 与	1
79 Wampus Way			ASSI	
(Address)			mg T	- F
Fairfield, CT 06825			ב בעולי בי פעו	C
(City, State and Zip Code)		48 RIDA	
For further information concerning this m	natter, please call:			
Megan Hogan	at (203	522-0427		
(Name of Contact Person)		and Daytime Telepl	hone Number)	
Enclosed is a check for the following amo	ount:			
✓ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status	es \$1,052.50 Filing and Certified Copy			

STREET ADDRESS:

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

MAILING ADDRESS:

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

(Name of Limited Partnership or Limited Partnership suffixes: Acceptable Limited Partnership suffixes: Acceptable Limited Liability Limited Partnership	ted Liability Limite Limited Partnership	, Limited, L.P., LP, or L	td.	•	•
or LLLP.					
(If name unavailable, name under which proposes to register to transact				rtnership	
2. Delaware	3	(Date of Formatio			_
(State or Country of Formation))	(Date of Formatio	n)		
4. Dorothy C. Weaver					
(Name of Regi	istered Agent for Se	ervice of Process)			_
5, c/o Collins Capital Invest	tments, LLC	, 806 Douglas	Road,	Suite	570
(Florida str	eet address for Reg	istered Agent)			-
Coral Gables, Florida 33	134		TAI	26.	_
6. I hereby accept the appointment as reg comply with the provisions of all statutes re and I am familiar with an accept the obliga	elative to the prope	r and complete performa	CRAMA ince Affinia ince Affinia	dilles,	
Sign	nature of Registered	<u>Beau</u>	F STATE	8h :ZI C	U
7. <u>c/o Collins Capital Investm</u>	ents, LLC, 80	6 Douglas Road	, Suite	570	_
(1	Principal office add	ress)			
Coral Gables, Florida 33	3134				
8. If limited partnership is a limited	l liability limited	l partnership, check	box 🗌		_

Page 1 of 3

9. 806 Douglas Road, Suite 5	70 ng address)
Coral Gables, Florida 33134	
10. Name, principal office address, and ma	ailing address of each general partner:
Collins Capital Investments, LLC	806 Douglas Road
(Name)	Suite 570 (Street Address)
	Coral Gables, Florida 33134
	MOLOOOOO 7052
(Name)	(Street Address)
	2015 SEC TALL
	(Mailing Address
	30 F
(Name)	(Street Address)
	IDA 311
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the o	ate of filing: upon filing
(Effective date cannot be prior	to nor more than 90 days after the date this focument is
12. Attached is a certificate of to the delivery of this applicat	to nor more than 90 days after the date this focument is
12. Attached is a certificate of to the delivery of this applicat State or other official having claw of which it is organized.	existence duly authenticated, not more than 90 days prior on to the Florida Department of State, by the Secretary of
12. Attached is a certificate of to the delivery of this applicat State or other official having claw of which it is organized.	existence duly authenticated, not more than 90 days prior on to the Florida Department of State, by the Secretary of ustody of the entity's records in the jurisdiction under the

Page 3 of 3

\$8.75

Certified Copy (optional): Certificate of Status (optional):