

A15000000740

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Please retain original filing date of submission 11/9

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
East Coast Invest LLLP

Certificate of Status	1
Certified Copy	1
Page Count	03 5
Estimated Charge	\$1,061.25

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15 NOV - 9 AH 10: 21
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



November 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: EAST COAST INVEST LLLP
REF: W15000073993

RE-SUBMIT
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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

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

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H15000267208
Letter Number: 315A00023747

RECEIVED
15 NOV 17 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EAST COAST INVEST, LLC

772 East Hallandale Beach Blvd.
Hallandale Beach, FL 33009

November 6, 2015

Florida Secretary of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Formation of EAST COAST INVEST, LLLP

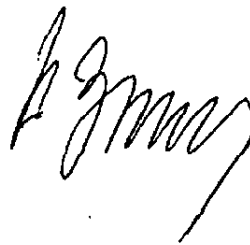
Dear Sir/Madam:

We hereby consent to the use of the name EAST COAST INVEST, LLLP. We confirm that East Coast Invest, LLLP will be an affiliate of East Coast Invest, LLC.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Anatoly Zinoviev



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. EAST COAST INVEST, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 3901 S. Ocean Drive, #12F
(Street address of initial designated office)

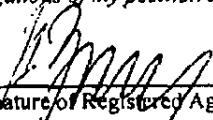
Hollywood, Florida 33019

3. Anatoly Zinoviev
(Name of Registered Agent for Service of Process)

4. 3901 S. Ocean Drive, #12F
(Florida street address for Registered Agent)

Hollywood, Florida 33019

5. 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.


Signature of Registered Agent

6. 3901 S. Ocean Drive, #12F
(Mailing address of initial designated office)

Hollywood, Florida 33019

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TALLAHASSEE, FLORIDA

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7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
<u>Anatoly Zinoviev</u>	<u>3901 S. Ocean Drive, #12F</u>
	<u>Hollywood, Florida 33019</u>
<u>Elliot Steiner</u>	<u>1931 Highway 7, Concord,</u>
	<u>Ontario, Canada, L4K IV5</u>
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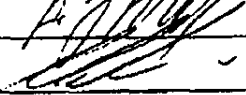
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9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 30 day of October, 2015.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

<u>ANATOLY ZINOVIEV</u>	<u></u>
<u>ELLIOT STEINER</u>	<u> </u>

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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