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| (City/State/Zip/Phone #)                |            |
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| PICK-UP WAIT                            | MAIL       |
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| Special Instructions to Filing Officer: |            |
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Office Use Only



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SECRETARY OF STATE

S. HAWKES
DEC 2 4 2009
EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Collins Capital Liquid Trading Fund, LP

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

| Megan Hogan   |   |
|---|---|
| (Contact Person)  |   |
| Cobb & Associates PC  |   |
| (Firm/Company)  |   |
| 79 Wampus Way   |   |
| (Address)   |   |
| Fairfield, CT 06825   |   |
| (City, State and Zip Code)  |   |
| For further information concerning this ma  | tter, please call:  |
| Megan Hogan   | at ( 203 ) 522-0427   |
| (Name of Contact Person)  | (Area Code and Daytime Telephone Number)  |
| Enclosed is a check for the following amou  | nt:   |
| \$\sumsets \\$1,000.00 \text{ Filing Fees}  \\$1,008.75 \text{ Filing Fees}  \text{and Certificate of} \\ \$35 \text{ Registered Agent}  \text{Status} \\ \end{array} | \$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS:   | MAILING ADDRESS:  |
| Registration Section  | Registration Section  |
| Division of Corporations  | Division of Corporations  |
| Clifton Building 2661 Executive Center Circle   | P. O. Box 6327<br>Tallahassee, FL 32314   |
| 2001 LACCURVO CORROL CITCIO   | 1 allalia5500, FL 32314   |

Tallahassee, FL 32301

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

| IO IRANSACI BUSINES IN FLURIDA   | 100         | المرا النا |
|--|-------------|------------|
| 1. Collins Capital Liquid Trading Fund, LP   | 14 C        | 圣七         |
| (Name of Limited Partnership or Limited Liability Limited Partnership, which must include Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership or LLLP. | 9           | 1          |
| (If name unavailable, name under which the limited partnership or limited liability limited pa proposes to register to transact business in Florida; must contain acceptable suffix.)  | rtnership   |            |
| 2. Delaware 3. 12/09/09 (State or Country of Formation) (Date of Formation)  |             | _          |
| (State or Country of Formation) (Date of Formation)  |             | _          |
| 4. Dorothy C. Weaver   |             | _          |
| (Name of Registered Agent for Service of Process)  |             | -          |
| 5. c/o Collins Capital Investments, LLC -806 Douglas Roa   | ad, Sui     | te 570     |
| (Florida street address for Registered Agent)  |             |            |
| Coral Gables, Florida 33134  | 11.1        | _          |
| 6. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with an accept the obligations of my position as registered agent.      |             | )          |
| Andr. Clean  |             |            |
| Signature of Registered Agent  |             |            |
| 7. c/o Collins Capital Investments, LLC -806 Douglas Ro  | ad, Su      | ite 570    |
| Coral Gables, Florida 33134  | `           |            |
|  | <del></del> | -          |
| 8. If limited partnership is a limited liability limited partnership, check box  |             |            |

Page 1 of 3

| 9. 806 Douglas Road, Suite 5               |   |       |
|--|---|-------|
| Coral Gables, Florida 33134                | ng address)   |       |
| 10. Name, principal office address, and ma | ailing address of each general partner:   |       |
| Collins Capital Investments, LLC           | 806 Douglas Road  |       |
| (Name)<br>MO(0 - 7052)                     | Suite 570 (Street Address)  |       |
|  | Coral Gables, Florida 33134   | 1     |
|  | (Mailing Address)   |       |
|  | SECONOL TABLE OF THE PROPERTY | וד ו  |
| (Name)                                     | (Street Address)  | 3 产   |
|  |   | TILEU |
|  | (Mailing Address)   |       |
| (Name)                                     | (Street Address)  |       |
|  | (Mailing Address)   |       |
| (Name)                                     | (Street Address)  |       |
|  | (Mailing Address)   |       |

Page 2 of 3

| (Name)                                 | (Street Address)   |
|--|--|
|  | (Mailing Address)  |
| (Name)                                 | (Street Address)   |
|  | (Mailing Address)  |
| filed by the Florida Department of     | or more than 90 days after the date this document is State.)   |
| to the delivery of this application to | tence duly authenticated, not more than 90 days prior of the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the |
| Signed this day                        | of NECEMBER, 20 09   |
| Signature of a general partner:        | <u>&gt;</u>  |
|  |  |

## Delaware

PAGE 3

#### The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF "COLLINS

CAPITAL LIQUID TRADING FUND, LP", FILED IN THIS OFFICE ON THE

NINTH DAY OF DECEMBER, A.D. 2009, AT 3:51 O'CLOCK P.M.



4762488 8100

091083759

AUTHENTY CATION: 7689006

DATE: 12-10-09

You may verify this certificate online at corp.delaware.gov/authver.shtml