# #314000000287

. (R	Requestor's Name)	<del></del>
(A	ddress)	
(A	ddress)	
·	city/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(B	ousiness Entity Na	me)
(D	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



600248299176

05/29/13--01015--011 \*\*1000.00

["



W 13-31327

EXAMINER
DEC 1 6 2014

NOĦ



May 30, 2013

MEGAN HOGAN COBB & ASSOCIATES 191 POST ROAD WEST, SUITE 7700 WESTPORT, CT 06880

SUBJECT: COLLINS CAPITAL LIQUID TRADING FUND I, LP

Ref. Number: W13000031327

We have received your document for COLLINS CAPITAL LIQUID TRADING FUND I, LP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$1000.00.

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.

Joey Bryan Regulatory Specialist II

Letter Number: 213A00013565

Auto Danielled Chech?

Auto Danielled Chech?

#### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Tallahassee, FL 32301

Collins Capital Liquid Trading Fund I, 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:

<del>-Megan Hogan</del>	MEGAN HOGAI	J	
	Contact Person	·	
Cobb & Assoc	iates		
79 WAMPUS W	Aym/Company d West, Suite	<del>7700</del>	
FAIRFIELD CT	Address 2 <del>06889</del> . <b>06825</b>		
City	, State and Zip Code		
mblauch@coll	inscap.com		
E-mail address: (to be use	ed for future annual report	t notification)	
For further information con	cerning this matter, pleas	e call:	
Megan Hogan		at ( 203 ) 52	2-0427
Name of Contact	Person		me Telephone Number
Enclosed is a check for the	following amount:		
(**	\$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy	\$1,061.25 Filing Fee, 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 Circ	ala	P. O. Box 6327	
2001 Executive Center Circ	eie –	Tallahassee, FL 32314	

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

SI-CRETARY DE C. 24

Collins Capital Liquid Trading	Fund I. LP
(Name of Limited Partnership or Limited Liabi Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	llity Limited Partnership, which must include sufficient AHASSEE STA
	rship or limited liability limited partnership proposes to register to transact la; must contain acceptable suffix.
2. Delaware	3. 09/26/2011
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 45-3	3411761 
5. Name of Registered Agent for Service of Process and	Florida Street Address:
Collins Capital Investments LLC	!
806 Douglas Road, Suite 570	
. Coral Gables, FL 33134	
	d agree to act in this capacity. I further agree to comply with the provisions range of my duties, and I am familiar with and accept the obligations of
Signatu	ure of Registered Agent
7. Principal Office:	8. Mailing Address:
c/o Collins Capital Investments LLC	c/o Collins Capital Investments LLC
806 Douglas Rd, Suite 570	806 Douglas Rd, Suite 570
Coral Gables, FL 33134	Coral Gables, FL 33134
9. If limited partnership is a limited liability limited par	rtnership, check box .
10. Name, principal office address, and mailing address	s of each general partner:
Name of General Partner:	ents LLC Name of General Partner:
	Street Address:
Coral Gables, FL 3313	34
Mailing Address:	Mailing Address:
	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Page	FILED			
Name of General Partner:	Name of General Partner:			
Street Address:	Name of General Partner:  Street Address:  2014 DEC 16 PM 4: 24  PALLAHASSEE, FLORIOA			
Mailing Address:	Mailing Address:			
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date				
12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official the law of which it is organized.				
Signed this day ofApril				
Signature of a general partner				

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

## Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "COLLINS CAPITAL LIQUID TRADING FUND

I, 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 TWELFTH DAY OF DECEMBER,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLINS CAPITAL LIQUID TRADING FUND I, LP" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2011.

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

5043136 8300

141532853

Jeffrey W. Bullock, Secretary of AUTHENTY CATION: 1954499

DATE: 12-12-14

at corp.delaware.gov/authver.shtml