

BK000000252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

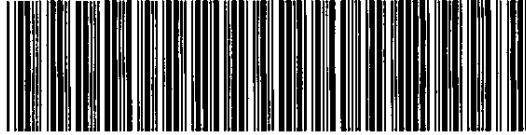
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700277210867

09/21/15--01052--013 **1008.75

FILED
2015 SEP 21 AM 8:40
FALLS CHURCH, VIRGINIA

N. Cullen SFP 22 2015



JOHN L. WILLIAMS, ESQUIRE
PRESIDENT

DAVID N. WILLIAMS, ESQUIRE
VICE PRESIDENT

September 8, 2015

Elliot Sasson
230 5TH AVENUE
SUITE 404A
NEW YORK, NY 10001
UNITED STATES

Re: Formation of ECA Buligo Providence Partners, LP

Dear Elliot Sasson:

Enclosed for your records is a stamped filed copy of the Certificate of Limited Partnership ("L.P.") which was filed and became effective in Delaware on September 8, 2015.

If this Delaware LP does business in other states, we suggest that you consult with legal counsel in that state to determine if the above LP should qualify to do business in that state. The same is true if the LP does business outside of the United States.

Once a year you will receive from us the Delaware Annual LP Tax Notice to file with the Delaware Secretary of State with the required payment or pay online in order to keep your LP in good standing. You will also receive our Registered Agent bill for \$99.00 once a year. Please let us know of any changes in the contact person or address.

Please be reminded that the Registered Agent address is not and should never be used as a business address for your LP. State law requires every LP to have a Registered Agent for the sole purpose to accept and forward to you any service of process due to legal action against your LP and to forward State reports.

Thank you for the opportunity to be of service.

Yours truly,

A handwritten signature in black ink, appearing to read "John L. Williams".

John L. Williams

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECA Buligo Providence Partners, 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:

Elliot Sasson

Contact Person

East Coast Acquisitions

Firm/Company

230 5th Avenue, suite 404A

Address

New York, NY 10001

City, State and Zip Code

elliott@eastcoastacq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elliot Sasson

at (**646**) **338 8400**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input checked="" type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
---	--	---	---

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 BUSINESS IN FLORIDA

1. ECA Buligo Providence Partners, LP.

(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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. September 8th 2015

Date of Formation

4. Federal Employer Identification Number: 47-5026100

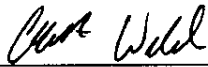
5. Name of Registered Agent for Service of Process and Florida Street Address:

Chris Wild

10140 Kingsbridge Road

Tampa, Florida 33626

6. 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

7. Principal Office:

230 5th Avenue

Suite 404A

New York, NY 10001

8. Mailing Address:

230 5TH Avenue

Suite 404A

New York, NY 10001

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: ECA Providence Plaza, Corp.

Name of General Partner: _____

Street Address: 230 5th Avenue, Suite 404A

Street Address: _____

New York, NY 10001

Mailing Address: 230 5th Avenue, Suite 404A

Mailing Address: _____

New York, NY 10001

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

FILED
2015 SEP 21 AM 8:40
TAMPA FLORIDA

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

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 this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 17th day of September, 2015.

W. K. L. President of the GP

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

FILED
 2015 SEP 21 AM 8:40
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECA BULIGO PROVIDENCE PARTNERS, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECA BULIGO PROVIDENCE PARTNERS, LP" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2015.

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



5819609 8300

SR# 20150095182

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10035697

Date: 09-11-15