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(Address)

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(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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WASHINGTON, D.C. 20520

04/29/16--01007--016 \*1000.00

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 4/29/16**

**NAME: UNITED BRIDGE CAPITAL, LP**

**TYPE OF FILING: APPLICATION**

**COST: 1,000.00 - CHECK IS ATTACHED**

**RETURN: PLAIN COPY PLEASE**

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**~~ACCOUNT: FCA000000015~~**

**~~AUTHORIZATION: ABBIE/PAUL HODGE~~**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2016

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: UNITED BRIDGE CAPITAL, LP  
Ref. Number: W16000032044

We have received your document for UNITED BRIDGE CAPITAL, LP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Letter Number: 916A00009014

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Please keep original  
file date.  
Thanks!

[www.sunbiz.org](http://www.sunbiz.org)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **UNITED BRIDGE CAPITAL, 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:

**Jennifer Parks**

Contact Person

**TRIAD Professional Services**

Firm/Company

**1720 Windward Concourse, Ste 390**

Address

**Alpharetta, GA 30005**

City, State and Zip Code

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

For further information concerning this matter, please call:

**Jennifer Parks** at ( **770** ) **777-2047**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (S965 Filing Fee and \$35 Registered Agent Fee)	<input 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
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**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. UNITED BRIDGE CAPITAL, 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. 5/14/2015

Date of Formation

4. Federal Employer Identification Number: \_\_\_\_\_

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

Todd Billings

333 LAS OLAS WAY, #CU4

FORT LAUDERDALE, FL 33301

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:

333 LAS OLAS WAY, #CU4

FORT LAUDERDALE, FL 33301

8. Mailing Address:

333 LAS OLAS WAY, #CU4

FORT LAUDERDALE, FL 33301

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CLERK OF STATE  
TREASURY, FLORIDA

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: USDV CAPITAL FUND, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 333 LAS OLAS WAY, #CU4

Street Address: \_\_\_\_\_

FORT LAUDERDALE, FL 33301

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 21<sup>st</sup> day of April, 2016.

\_\_\_\_\_  
 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.

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

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 16 APR 29 AM 9:25  
 SECRETARY 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 "UNITED BRIDGE CAPITAL, 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 TWENTY-NINTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNITED BRIDGE CAPITAL, LP" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2015.

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



5747939 8300

SR# 20162680229

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 202234622

Date: 04-29-16



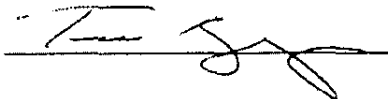
UNITED BRIDGE  
CAPITAL

### NAME CONSENT

UNITED BRIDGE CAPITAL, LP, an Inactive Florida Limited Partnership, which recently filed a Certificate of Dissolution, and which is in reality a Delaware Limited Partnership, is now registering the limited partnership to do business in the State of Florida, and all parties hereby consent to use of the name by the qualifying Limited Partnership. We are all one and the same company and this poses no conflict.

IN WITNESS WHEREOF, the undersigned has caused this consent to be executed this 3rd day of May, 2016.

UNITED BRIDGE CAPITAL, LP

By: 

Name: Todd Billings

Title: Manager