

B20000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

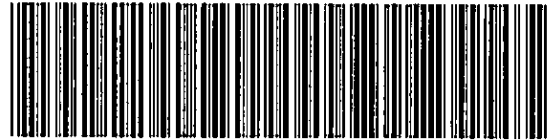
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100354582971

11/09/20--01026--004 \*\*1061.50

FILED  
2020 NOV 24 PM 1:59  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

NOV 24 2020

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BREACHER ENHANCED RETURN STRATEGY, 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:

JOSEPH CONTE

Contact Person

Breacher Enhanced Return Strategy, LP

Firm/Company

7301 Wiles Road, Suite 102

Address

Coral Springs, FL 33067

City, State and Zip Code

joseph@contetaxcpa.com

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

For further information concerning this matter, please call:

Joseph Conte

at ( 800

672-0364

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2020 NOV 24 PM 1:59  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

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

1. BREACHER ENHANCED RETURN STRATEGY, 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. 10/26/2020

Date of Formation

4. Federal Employer Identification Number: 85-3668804

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

JOSEPH CONTE

7301 WILES ROAD, SUITE 102

CORAL SPRINGS, FL 33067

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:

1000 N. WEST ST., SUITE 1501

WILMINGTON, DE 19899

8. Mailing Address:

7301 WILES ROAD, SUITE 102

CORAL SPRINGS, FL 33067

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: ARTHUR HOLLY

Name of General Partner:

Street Address: 263 Tresser Blvd. Suite 900

Street Address:

Stamford, CT 06901

Mailing Address:

Mailing Address:

Name of General Partner: JOSEPH CONTE

Name of General Partner:

Street Address: 7301 Wiles Road, Suite 102

Street Address:

Coral Springs, FL 33067

Mailing Address:

Mailing Address:

CLERK OF SUPERIOR COURT  
STATE OF FLORIDA

2020 NOV 24 PM 1:59

FILED

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.)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 26th day of October, 2020

  
Signature of a general partner

The individual signing this document affirms 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  
2020 NOV 24 PM 1:59  
CLERK 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 "BREACHER ENHANCED RETURN STRATEGY, 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-EIGHTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREACHER ENHANCED RETURN STRATEGY, LP" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2020.

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



3969754 8300

SR# 20208081012

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

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

Authentication: 203956116

Date: 10-28-20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2020

JOSEPH CONTE  
BREACHER ENHANCED RETURN STRATEGY, LP  
7301 WILES ROAD, SUITE 102  
CORAL SPRINGS, FL 33067

SUBJECT: BREACHER ENHANCED RETURN STRATEGY, LP  
Ref. Number: W20000130023

We have received your document for BREACHER ENHANCED RETURN STRATEGY, LP and check(s) totaling \$1061.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 820A00022681

RECEIVED  
NOV 24 2020