

B21000000275

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUL 02 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liquidity Providers Limited Onshore 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:

Howard Malzberg

Contact Person

Liquidity Providers Limited Onshore Fund LP

Firm/Company

700 South Rosemary Avenue , Suite 204

Address

West Palm Beach Florida 33401

City, State and Zip Code

mm@lpl.io

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

For further information concerning this matter, please call:

Howard Malzberg at (908) 9179796

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

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

1. Liquidity Providers Limited Onshore Fund 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 L.L.P.

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. 12/4/2020

Date of Formation

4. Federal Employer Identification Number: 86-1285981

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

Registered Agents Inc

7901 4th St N, STE 300

St. Petersburg, FL 33702

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.

Bill Hame

Signature of Registered Agent

7. Principal Office:

700 South Rosemary Avenue

Suite 204

West Palm Beach Florida 33401

8. Mailing Address:

700 South Rosemary Avenue

Suite 204

West Palm Beach Florida 33401

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: Joseph Quintilian

Name of General Partner:

Street Address: 700 South Rosemary Avenue Suite 204

Street Address:

West Palm Beach Florida 33401

Mailing Address: 801 S Olive Avenue

Mailing Address:

West Palm Beach Florida 33401

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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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 24TH day of JUNE, 2021

DocuSigned by:



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

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JULIA E. BROWN

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIQUIDITY PROVIDERS LIMITED ONSHORE FUND 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-FOURTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIQUIDITY PROVIDERS LIMITED ONSHORE FUND LP" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2020.



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

4350184 8300

SR# 20212529950

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

Authentication: 203522751

Date: 06-24-21