

B22000000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

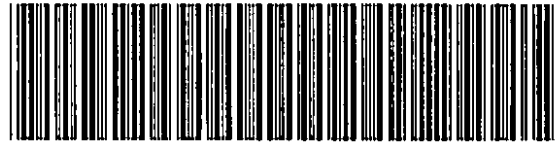
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

GP W22-38637

Office Use Only



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03/09/22--01018--007 **1000.00

FILED

2022 APR -5 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY 10 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2022

CAROLINE KLOTZ
DCP FFI, L.P.
2801 OCEAN DRIVE #205
VERO BEACH, FL 32963

SUBJECT: DCP FFI, L.P.
Ref. Number: W22000038637

We have received your document for DCP FFI, L.P. 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 122A00006971

4/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DCP FFI, 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:

Caroline Klotz

Contact Person

DCP FFI, LP

Firm/Company

2801 Ocean Drive #205

Address

Vero Beach, FL 32963

City, State and Zip Code

SOTS@dowling.com

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

For further information concerning this matter, please call

Caroline Klotz

at (860)

676-7331

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

FILED

2022 APR -5 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DCP FFL 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. DE

3. 08/11/2011

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 32-0356188

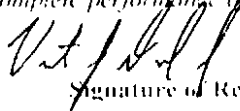
5. Name of Registered Agent for Service of Process and Florida Street Address:

IBNR, LLC

2801 Ocean Drive #205

Vero Beach, FL 32963

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:

2801 Ocean Drive #205

Vero Beach, FL 32963

8. Mailing Address:

P.O. Box 644490

Vero Beach, FL 32963

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: Dowling Capital I, LLC

Street Address: 190 Farmington Avenue

Farmington, CT 06032

Mailing Address: P.O. Box 644490

Vero Beach, FL 32963

Name of General Partner:

Street Address: 2801 Ocean Dr Suite 205

Vero Beach, FL 32963

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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SECRETARY OF STATE
TALLAHASSEE, 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.)

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 20th day of February, 2022



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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DCP FFI, L.P." 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 EIGHTEENTH DAY OF JANUARY, A.D. 2022.

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

2022 APR -5 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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SR# 20214231142

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202423114

Date: 01-18-22