

B23000000243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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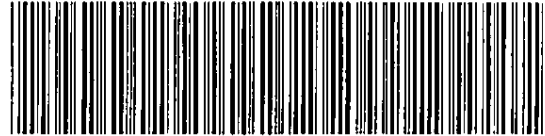
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECR CAPITAL HOLDINGS, LIMITED PARTNERSHIP
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:

ROGER BENNETT

Contact Person

BENNETT AND COMPANY, PC

Firm Company

34 JEROME AVE., SUITE 312

Address

BLOOMFIELD, CT 06002

City, State and Zip Code

ROGER@BENNETTCCPA.COM

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

For further information concerning this matter, please call:

ROGER BENNETT

at (860) 243-3333

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fee ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fee,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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. ECR CAPITAL HOLDINGS, LIMITED PARTNERSHIP

(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. CONNECTICUT

State or Country of Formation

3. 11 28 2006

Date of Formation

4. Federal Employer Identification Number: 20-3989010

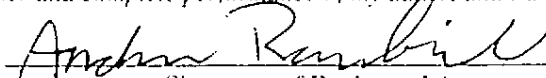
5. Name of Registered Agent for Service of Process and Florida Street Address:

ANDREA ROSENFELD

2494 SOUTH OCEAN BLVD

BOCA RATON, FL 33432

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:

2494 SOUTH OCEAN BLVD

BOCA RATON, FL 33432

8. Mailing Address:

SAME

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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: ANDREA ROSENFELD

Name of General Partner: _____

Street Address: 2494 SOUTH OCEAN BLVD

Street Address: _____

BOCA RATON, FL 33432

Mailing Address: SAME

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.)

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 8th day of July, 20 23


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

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Friday, July 07, 2023 11:45 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the below domestic limited partnership formed under the Connecticut General Statutes was filed in this office.

A certificate of cancellation has not been filed, and so far, as indicated by the records of this office, such limited partnership is in existence.

Business Details

Business Name	ECR CAPITAL HOLDINGS, LIMITED PARTNERSHIP
Business ALEI	US-CT.BER:0880431
Formation Date	11/28/2006



Secretary of the State