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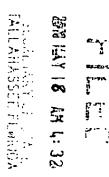
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TO:		ion Section of Corporation:	;						
SURIF		tus Partners LL	С						
Name of Limited Liability Company									
						nsact Business in Florida," Certific company to transact business in Fl			
Please r	eturn all co	rrespondence co	oncerning this matter to the f	ollowing:					
	ì	Noah Lapine							
	_		Na	me of Person					
	Effectus Partners LLC								
Firm/Company									
	15 Commerce Road								
	-			Address					
	Stamford, CT 06902								
	-		City/Sta	ate and Zip Code	-	· · · · · · · · · · · · · · · · · · ·			
	rie	chard@davidgro	onsbell.com						
	_	***	E-mail address: (to be used	for future annual	report not	ification)			
For furt	her informa	ation concerning	this matter, please call:						
	Richard I	DeCesare		212 at (686-05	69 ext 214			
		Name of	Contact Person	Area Code	Day	time Telephone Number			
	Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301			
Enclose		k for the followi 0 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	:		



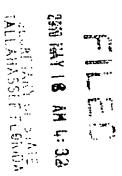
FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2018

NOAH LAPINE 15 COMMERCE ROAD STAMFORD, CT 06902

SUBJECT: EFFECTUS PARTNERS, LLC

Ref. Number: W18000031882



We have received your document for EFFECTUS PARTNERS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00006697

Please feint attack Centificate Of Sood Standing. Thank your

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. Effectus Partners LLC (Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company " L. C." or "	10%
Effectus Partners Group [LLC		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in i	Florida. The akemate name must include "Limit	ed Linbility Company," "L L C," or "LLC,")
2. Delaware		3. 82-1565596	
(Marsoletton under the law of w	nich foreign lamited liability company is organized)	(FE	number, if applicable)
4. March 1, 2018			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905; F.S. to deter	to registration.)	
5. 15 Commerce Road		6. 15 Commerce Road	
(Street Address of F Stamford, CT 06902	rescipal Office)	(Mailin	g Address)
Stannotd, CT 00902		Stamford, CT 06902	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Junior Villegas		24 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
Office Address:	815 N.W. 57th Avenue - Suite 303		55 50 1
	Miami	- 22126	A
Registered agent's accept	(City)	, Florida 33126	p code)
o comply man the provisa	ion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent.	rand complete performance of	my duties, and I am familiar with
0.77	¥		
Title or Capacity:	city and address of the person(s) who hame and Address:	as/have authority to manage is/as Title or Capacity:	re: Name and Address:
Chairman of the Bd	Noah Lapine	Treasurer	Seth Lapine
	45 Merriland Road Stamford, CT 06903		124 Mill Spring Road Stamford, CT 06903
CEO	Chetan Shah	Secretary	Paul Lapin
·····	652 Fawn Circle	 	22 Crystal Street
/I lea attachmenta if	King of Prussia, PA 19406	-	New Canaan, CT 06840
(Use attachments if necess	• *		
of the translator must be sul		te is in a foreign language, a tran	slation of the certificate under oath
 This document is execusubmitted in a document to 	ted in accordance with section 605.020 the Department of State constitutes a th	3 (1) (b), Florida Statutes. I am a ird degree felony as provided for	ware that any false information in s.817.155, F.S.
-	Noal shin	of an authorized person	
-	Typed o	printed name of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EFFECTUS PARTNERS, LLC" 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 TWENTIETH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EFFECTUS"

PARTNERS, LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D.

2017.

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

Authentication: 202550764

Date: 04-20-18

6385394 8300 SR# 20182871407