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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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L. SELLERS

MAR 30 2010

EXAMINER

FLORIDA/FOREIGN LP/LLLP

Haborcover Fund I, LP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,000.00

RECEIVED

10 MAR 29 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 AM 9:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harborcove Fund I, 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:

Russell Hackmann

Contact Person

Harborcove Financial LLC

Firm/Company

330 Madison Avenue, 9th Floor

Address

New York, New York 10017

City, State and Zip Code

russ.hackmann@harborcovefinancial.com

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

For further information concerning this matter, please call:

Russell Hackmann

at (212)

573-0933

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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10 MAR 29 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Harbortyne Fund I, L.P.
(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 LLP.

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.

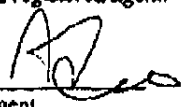
2. Delaware 3. September 21, 2009
State or Country of Formation Date of Formation

4. Alejandro Nathan
Name of Registered Agent for Service of Process

5. 30801 Biscayne Blvd., 4th Floor
Florida street address for Registered Agent

Aventura, Florida, 33180

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.

By: Alejandro Nathan 
Signature of Registered Agent

7. 330 Madison Avenue, 9th Floor, New York, New York 10017
Principal office address

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 330 Madison Avenue, 9th Floor, New York, New York 10017
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

<u>Harbore Cove Financial LLC</u>	<u>330 Madison Avenue, 9th Floor</u>
Name	Street Address
	<u>New York, New York 10017</u>
	Same
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address

_____ Name	_____ Street Address
_____ 	_____
_____ 	_____ Mailing Address
_____ 	_____
_____ Name	_____ Street 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.)

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 March, 2010

Signature of a general partner:

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

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARBORCOVE FUND I, 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-NINTH DAY OF MARCH, A.D. 2010.

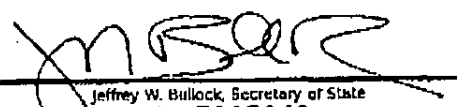
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4733085 8300

100325397

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7897048

DATE: 03-29-10