

B/3000000/42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2013 MAY -9 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 10 2013

D. BRUCE

W/3-20201



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2013

MURRY K. STEGELMANN  
1800 N. MILITARY TRAIL, STE. 120  
BOCA RATON, FL 33431

SUBJECT: KILIMANJARO CREDIT FUND, LP  
Ref. Number: W13000020261

We have received your document for KILIMANJARO CREDIT FUND, LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The effective date must be specific and cannot be prior to the date of filing.

The effective date cannot be prior to 04/05/13, the date received by this office.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 413A00008182

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **KILIMANJARO CREDIT 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:

**MURRY K. STEGELMANN**

Contact Person

**KILIMANJARO ADVISORS, LLC**

Firm/Company

**1800 N. MILITARY TRAIL, STE. 120**

Address

**BOCA RATON, FLORIDA 33431**

City, State and Zip Code

**mstegelman@kafunds.com**

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

For further information concerning this matter, please call:

**Kristina Rende** at ( **203** ) **956-6545**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input checked="" type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$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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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. KILIMANJARO CREDIT 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 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. DELAWARE

State or Country of Formation

3. SEPT. 11, 2003

Date of Formation

4. Federal Employer Identification Number: 20-0175711

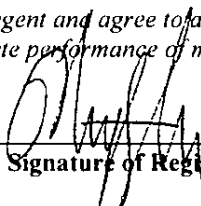
5. Name of Registered Agent for Service of Process and Florida Street Address:

MURRY K. STEGELMANN

2494 South Ocean Blvd. Apt. A9

Boca Raton, Florida 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:

1800 N. MILITARY TRAIL

STE. 120

BOCA RATON, FLORIDA 33431

8. Mailing Address:

C/O IMPALA PARTNERS, LLC

18 MARSHALL ST. STE 112

NORWALK, CT 06854

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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: Kilimanjaro Advisors, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 1800 N. Military Trail, Ste. 120

Street Address: \_\_\_\_\_

Boca Raton, Florida 33431

Mailing Address: 1800 N. Military Trail, Ste. 120

Mailing Address: \_\_\_\_\_

Boca Raton, Florida 33431

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: \_\_\_\_\_

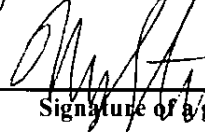
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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.)

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 4 day of April, 2013.

  
 \_\_\_\_\_  
 Signature of a general partner

The individual signing this document affirm 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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 TALLAHASSEE FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KILIMANJARO CREDIT FUND, 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 EIGHTH DAY OF MAY, A.D. 2013.

3702784 8300

130474416

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0415335

DATE: 05-08-13