

# B13000000160

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

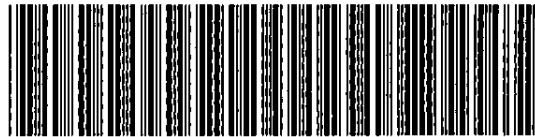
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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2013 MAY 21 10:14 AM  
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13. Colligan MAY 22 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 657739 4802844

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 1000.00

ORDER DATE : May 21, 2013

ORDER TIME : 2:40 PM

ORDER NO. : 657739-005

CUSTOMER NO: 4802844

FOREIGN FILINGS

NAME: NEW WAVE LENDERS, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEW WAVE LENDERS L.P.

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:

JOEL EIDELSTEIN

Contact Person

RIVO ALO CAPITAL FUNDING LLC

Firm/Company

19950 W. COUNTRY CLUB DRIVE #904

Address

AVENTURA, FL 33180

City, State and Zip Code

EIDCHI@GMAIL.COM

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

For further information concerning this matter, please call:

JOEL EIDELSTEIN

at ( 786 ) 942-6105

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 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
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**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

FILED

2013 MAY 21 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. NEW WAVE LENDERS, 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 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. 09/04/2012

Date of Formation

4. Federal Employer Identification Number: 36-4741301

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

JOEL EIDELSTEIN

19950 W. COUNTRY CLUB DRIVE #904

AVENTURA, FL 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.

JOEL EIDELSTEIN

Digitally signed by JOEL EIDELSTEIN  
DN: cn=JOEL EIDELSTEIN, o=RIVO ALTO LLC,  
email=jed@rivoalto.com, c=US  
Date: 2013.05.17 08:57:33 -0400

Signature of Registered Agent

7. Principal Office:

19950 W. COUNTRY CLUB DRIVE #904

AVENTURA, FL 33180

8. Mailing Address:

19950 W. COUNTRY CLUB DRIVE #904

AVENTURA, FL 33180

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: RIVO ALTO CAPITAL FUNDING LLC

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

Street Address: 19950 W. COUNTRY CLUB DRIVE #904

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

AVENTURA, FL 33180

Mailing Address: 19950 W. COUNTRY CLUB DRIVE #904

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

AVENTURA, FL 33180

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 17 day of MAY, 2013.

JOEL EIDELSTEIN  
Digitally signed by JOEL EIDELSTEIN  
DN: cn=JOEL EIDELSTEIN, o=ARNO ALTO, ou,  
email=jedid@arnal.com, c=US  
Date: 2013.05.17 08:52:04-07

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>

**FILED**  
**2013 MAY 21 AM 10:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW WAVE LENDERS 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 TWENTY-FIRST DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW WAVE LENDERS L.P." WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2012.

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

5207712 8300

130625586

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: 0448877

DATE: 05-21-13