Divis ge 1 of 1 **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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date of submission 5/22

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

1 (850) 222-1092

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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. **

Email Address:

FLORIDA/FOREIGN LP/LLLP BLY CAPITAL MANAGEMENT, L.P.

Certificate of Status	0
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Page Count	04
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NN 05 2019 B. KOHR

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

	TO TRA	insact business in Florida	W 18
1. Bly Capital Manag	oment, L.P.		14
Acceptable Limited P	artnership suffixes: Limited Pai	Linbility Limited Partnership, which must include suffix) rinership, Limited, L.P., LP, or Ltd. fixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	2:0
If name unavailable,		partnership or limited liability limited partnership proposes to register to Florida; must contain acceptable suffix.) transact
2. Delaware		1. 12-28-2011	
	te or Country of Formation	Date of Formation	
4. Federal Employer	Identification Number 30-07	12404	
	ed Agent for Service of Process		
1200 South Pine Isla	nd Road	-	
Plantation, Florida 3:	3324		
my position as regi 7. Principal Office:	stered agent, GT Corporat By: ///	performance of my duties, and I am familiar with and accept the obligation System Maria T. Chambers Granture of Registered Agent 8. Mailing Address:	
2076 Tocobaga Lane		2076 Tocobage Lane	
Nokomis, FL 34275		Nokomis, FL 34275	
10. Name, principal	Bly Phorey, Inc.	ddress of each general partner: Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:	SAME \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	UUU 2381 Mailing Address:	
Name of General	Pariner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Melling Address:	

Name of General Partner:	Page 1 of 2 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	r the date this document is filed by the Florida Department of State.)
Florida Department of State, by the Secretary of State or other	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under
Signed this day of day of	SCY 500 13 SCY 500 16 Y, Tric 0/1/34 1863
Signat	ture 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.

\$1,090.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Foes: Certified Copy (optional): Certificate of Status (optional):

\$52.50 \$8.75

Page 2 of 2

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLY CAPITAL MANAGEMENT, 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 ANNUAL TAXES HAVE BEEN PAID TO DATE.

5081046 8300

130629111

You may verily this cortificate online at corp.delaware.gov/authver.shtml AUTHENTICATION: 0450156

DATE: 05-21-13