

B 14000000068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

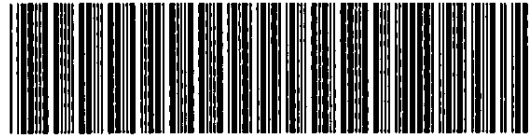
Special Instructions to Filing Officer:

APR - 9 2016

A. LUNT

W14-12377

Office Use Only



600256988406

02/24/14--01015--008 \*\*1000.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR -4 PM 2:51

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2014

JOEL EIDELSTEIN  
19950 W COUNTRY CLUB DR. SUITE 904  
AVENTURA, FL 33180

SUBJECT: NEW WAVE LENDER (2013) LP  
Ref. Number: W14000012377

We have received your document for NEW WAVE LENDER (2013) LP and your check(s) totaling \$1000.00. 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 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.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 814A00004230

2014 APR -4 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW WAVE LENDERS (2013) 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:

JOEL EIDELSTEIN  
Contact Person

RIVO ALTO CAPITAL FUNDING LLC  
Firm/Company

19450 W COUNTRY CLUB Dr Suite 904  
Address

Aventura, FL 33180  
City, State and Zip Code

JME@RIVOALTO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL EIDELSTEIN at ( 305 ) 512 1124  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>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

RECEIVED  
TALLAHASSEE, FLORIDA

2014 APR - 4 PM 2:51

FILED

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

1. NEW WAVE LENDERS (2013) 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 L.L.L.P.

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. July 16, 2013

Date of Formation

4. Federal Employer Identification Number: 80-0941508

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

JOEL EIDELSTEIN

19950 W. Country Club Dr #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.

[Signature]  
Signature of Registered Agent

7. Principal Office:

19950 W Country Club Dr

Suite 904

Aventura, FL 33180

8. Mailing Address:

19950 W Country Club Dr

Suite 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 Dr #904 Street Address: \_\_\_\_\_

Aventura, FL 33180 112-90653

Mailing Address: 19950 W Country Club Dr #904 Mailing Address: \_\_\_\_\_

Aventura, FL 33180

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

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

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

FILED  
2014 APR -4 PM 2:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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 20 day of February, 2014.

  
\_\_\_\_\_  
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  
2014 APR -4 PM 2:51  
CLERK 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 (2013), 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 THIRTEENTH DAY OF MARCH, A.D. 2014.



5368147 8300

140312987

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: 1205582

DATE: 03-13-14