### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*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 Bayview Liquid Strategies Domestic, L.P.

Certificate of Status	0		
Certified Copy	0		
Page Count	05		
Estimated Charge	\$1,000.00		

Electronic Filing Menu

Corporate Filing Menu

Help

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#### COVER LETTER

TO: Registration Section Division of Corporate						
SUBJECT: Bayview Liquid	Strategies Domestic, L.	.P.				
Name of	Foreign Limited Parine	stahip or Limited	Liability	Limited Partnership	-	
The enclosed application, cer- partnership to transact busines Please return all corresponder	sa in Florida.		o register	a foreign ilmited partnership	or II mi	ited liability limited
Brien E. Bomstein						
C	Contact Person	·	<del></del>			
Bayview Liquid Strategies D	iomestic, L.P.					
F	Irm/Company					
4425 Pence de Leon Bivd., 5	ith Floor				3	t
<del></del>	Address		_		**	788
Coral Gables, Florida 33146						
City, S	State and Zip Code	<del></del>	_		7	
christinersymond@bayviews	issetmanagement.com				٠.	(編) 28
E-mail address: (to be used	for luture annual report	notification)	<u></u>			84
For further information conce	rning this matter, please	calf:				
Christine Raymond		at f 305	<sub>341-5</sub>	598		523 5
Name of Contact Per	rson		and Dayt	me Telephone Number	,	STATE OF
Enclosed is a check for the fol	llowing amount:					
(\$965 Filing Fee and and		C) \$1,052.50 Fift and Certified Co		O \$1,061.25 Filing Pcc, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassoc, PL 32301		MAILING AD Registration So Division of Cor P. O. Box 6327 Tallahassee, PL	ction porations	•		

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

Acceptable Limited Partnership suffixes: Limited Pa	ed Liability Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, or Ltd. uffixas: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable, name under which the limited business in	d partnership or limited liability limited partnership proposes to register to tre in Florida; must contain acceptable suffix.	រភនឧប
2. Delaware	3. July 23, 2014	
State or Country of Formation 4. Federal Employer Identification Number:		
5. Name of Registered Agent for Service of Proces Brian E. Bomstein, c/o Bayviow Asset Mgmt. LLC	·	
e/o Ponce de Leon Blvd., 5th Floor	<del>_</del>	
Coral Gabies, Florida 33146		) a [ ]
of all statutes relative to the proper and complete my position as registered agent.  By:		30
į s	Signaturo of Registered Agent	3.37
7. Principal Office: 4425 Ponco de Leon Bivd, 5th Floor	B. Mailing Address:	<del>5</del> 5
Corni Gables., FL 33146	4425 Ponce de Leon Blvd., 5th Floor	Ŧ
	Coral Gables, PL 33146	
9. If limited partnership is a limited liability limit 10. Name, principal office address, and mailing at Name of General Partners  4425 Ponce de Leon Blvd., 5th	egies GP, LLC Name of General Partner:	
Coral Onbies, Florida 33146		
Mailling Address: W14-533	Mailing Address:	
Name of General Perfique:	Name of General Partners	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	·

Name of General F	Partitor:	Page I of 2 Name	of General	Parineri
Street Address:		Succet	Address:	<del> </del>
Mailing Address:		Maliin	e g ∧ddress;	
12. Attached is a certification of the law of which it is o	icate of existence duly authenticated, no Sinte, by the Secretary of State or other rganized.  day of July  Signatu	official havin	O days prior g custody o	filed by the Florida Department of State.)  To the delivery of this application to the of the entity's records in the jurisdiction under

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.

Filing Fees; Certified Copy (optional); Certificate of Status (optional);

\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Ree)
\$52.50
\$8.75

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# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "BAYVIEW LIQUID STRATEGIES DOMESTIC, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2014.

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

5574065

141000595

You may verify this cortificate online at corp. delewere.gov/authver.shtml

DATE: 07-25-14