

B14000000222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

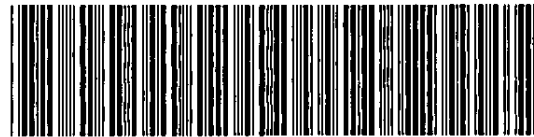
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 SEP 26 PM 4:31
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2014
T. HAMPTON



CORPORATION SERVICE COMPANY

file second
do not separate
please

ACCOUNT NO. : I20000000195

REFERENCE : 315474 7387459

AUTHORIZATION :

COST LIMIT : \$1,000.00

[Signature]

ORDER DATE : September 26, 2014

ORDER TIME : 1:32 PM

ORDER NO. : 315474-005

CUSTOMER NO: 7387459

FOREIGN FILINGS

NAME: KOITERE FUND, 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: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koitere Fund, 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:

Christine Raymond

Contact Person

Bayview Asset Management, LLC

Firm/Company

4425 Ponce de Leon Blvd., 5th Floor

Address

Coral Gables, FL 33146

City, State and Zip Code

christineraymond@bayviewassetmanagement.com

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

For further information concerning this matter, please call:

Michael B. Guss

at (305) 854-8880

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$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

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

1. Koitere Fund, 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.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. 09/12/2014

Date of Formation

4. Federal Employer Identification Number: Applied for

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

Brian E. Bomstein

4425 Ponce de Leon Blvd., 5th Floor

Coral Gables, FL 33146

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: Brian E. Bomstein

By:

[Signature]
Signature of Registered Agent

7. Principal Office:

4425 Ponce de Leon Blvd., 5th Floor

Coral Gables, FL 33146

8. Mailing Address:

4425 Ponce de Leon Blvd., 5th Floor

Coral Gables, FL 33146

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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: Koitere GP, LLC MM-6979

Name of General Partner: _____

Street Address: 4425 Ponce de Leon Blvd., 5th Fl.

Street Address: _____

Coral Gables, FL 33146

Mailing Address: 4425 Ponce de Leon Blvd., 5th Fl.

Mailing Address: _____

Coral Gables, FL 33146

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: _____

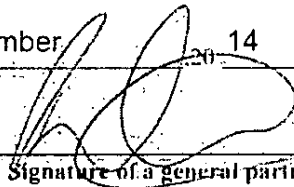
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: Sept. 26, 2014

(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 26th day of September, 2014



Brian E. Bomstein
Vice President

Signature of a general partner, KOITERE GP, LLC

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: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOITERE 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOITERE FUND, L.P." WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2014.

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

5602999 8300

141226425

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1733452

DATE: 09-26-14