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DATE: 10/9/14

NAME: AVIATOR CAPITAL PARALLEL FEEDER FUND, LP

TYPE OF FILING: APPLICATION

COST: 1,052.50

- Check is attached

RETURN: CERTIFIED COPY PLEASE

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* File Second *

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aviator Capital Parallel Feeder Fund, 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:

Lorna J. Virts

Contact Person

Smith, Gambrell & Russell, LLP

Firm/Company

1230 Peachtree Street NE, Suite 3100

Address

Atlanta, GA 30309

City, State and Zip Code

lvirts@sgrlaw.com

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

For further information concerning this matter, please call:

Lorna Virts at (404) 815-3500

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 checked="" 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

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TALLAHASSEE, FLORIDA

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

1. Aviator Capital Parallel Feeder Fund, 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 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. October 7, 2014

Date of Formation

4. Federal Employer Identification Number: 47-2036782

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

NRAI Services, Inc.

515 East Park Avenue

Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Jennifer Parks, Assistant Secretary

Signature of Registered Agent

7. Principal Office:

18851 NE 29th Avenue, Suite 518

Aventura, FL 33180

8. Mailing Address:

18851 NE 29th Avenue, Suite 518

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: Aviator Capital Parallel GP, LLC

Name of General Partner: M14-7312

Street Address: 18851 NE 29th Avenue, Suite 518

Street Address: _____

Aventura, FL 33180

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

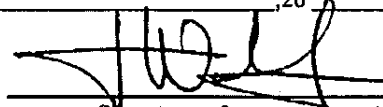
Street Address: _____ Street Address: _____

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 9th day of October, 2014



Signature of a general partner
JORGE WOLF, MANAGER

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

PAGE 1

The First State

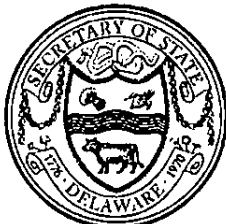
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVIATOR CAPITAL PARALLEL FEEDER FUND, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVIATOR CAPITAL PARALLEL FEEDER FUND, LP" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2014.

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

5617275 8300

141274710



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1766630

DATE: 10-09-14