

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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
Private Capital Management Holdings, LP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

DEC - 8 2014
T CLINE

RECEIVED
14 DEC -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
2014 DEC -5 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(2/5)

**TO: Registration Section
Division of Corporations**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

Please return all correspondence concerning this matter to:

Firm/Company

Address

City, State and Zip Code

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

For further information concerning this matter, please call:

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)

**12 \$1,008.75 Filing Fees
and Certificate of
Status**

**At \$1,052.50 Filing Fees
and Certified Copy**

1) \$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

FLOOR - 12/24/2013 Written Report 01:00pm

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

1. Private Capital Management Holdings, 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 LLP.

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. June 26, 2014

Date of Formation

4. Federal Employer Identification Number: 47-2271254

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

C T Corporation System1200 South Pine Island RoadPlantation, Florida 33324

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.

By:

C T Corporation SystemJeffrey KaganAssistant Secretary

Signature of Registered Agent

7. Principal Office:

8889 Pelican Bay Boulevard, Suite 500Naples, Florida 34108

8. Mailing Address:

8889 Pelican Bay Boulevard, Suite 500Naples, Florida 34108

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: Pelican Bay Holdings, LLCName of General Partner: M 13-4568Street Address: 8889 Pelican Bay Boulevard, Suite 500

Street Address: _____

Naples, Florida 34108Mailing Address: 8889 Pelican Bay Boulevard, Suite 500

Mailing Address: _____

Naples, Florida 34108

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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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 5th day of December, 2014
By: Pelican Bay Holdings, LLC, its general partner

David Joyce - David Joyce
Name: Signature of a general partner
Title: Treasurer / Secretary

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, P.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$53.50
Certificate of Status (optional):	\$8.75

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIVATE CAPITAL MANAGEMENT HOLDINGS, 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 FIFTH DAY OF DECEMBER, A.D. 2014.

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

5559143 8300

141494656

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1928074

DATE: 12-05-14