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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2015

T. HANCOCK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Contractual Income 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:

William D. Johnson, Jr.

Contact Person

Blue Horizon Investment Advisors Inc.

Firm/Company

3801 PGA Boulevard, Suite 600

Address

Palm Beach Gardens, Florida 33410

City, State and Zip Code

mtornatore@bhadv.com

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

For further information concerning this matter, please call:

William D. Johnson, Jr. at (561) 337-5366

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. Contractual Income 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. 02/03/2014

Date of Formation

4. Federal Employer Identification Number: 46-5209328

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

William D. Johnson, Jr.

3801 PGA Boulevard, Suite 600

Palm Beach Gardens, FL 33410

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 of Registered Agent

7. Principal Office:

3801 PGA Boulevard, Suite 600

Palm Beach Gardens, FL 33410

8. Mailing Address:

3801 PGA Boulevard, Suite 600

Palm Beach Gardens, FL 33410

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: Blue Horizon Investment Advisors Inc.

702-44589

Name of General Partner:

Street Address: 3801 PGA Boulevard, Suite 600

Street Address:

Palm Beach Gardens, FL 33410

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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TALLAHASSEE, FLORIDA

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 17 day of June, 2015



 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.

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 "CONTRACTUAL INCOME 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 TWELFTH DAY OF MAY, A.D. 2015.



5476059 8300

150657924

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2371359

DATE: 05-12-15