

Division of Corporations

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

B160000000262

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.

(((H160002989943)))

FILE SECOND WITH H16000298991 3



H160002989943ABCF

FILE SECOND WITH H16000298991 3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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/FOREIGNLP/LLLP
BLACK BEAR VALUE FUND, LP**

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

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

Electronic Filing Menu

Corporate Filing Menu

Help

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

FILE SECOND WITH H16000298991 3

18 DEC -6 PM 9:32

FILED
18 DEC -6 PM 9:32

RECEIVED

2016 DEC -6 PM 4:26

STATE OF FLORIDA
TALLAHASSEE

DEC 07 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Bear Value 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:

Adam Schwartz

Contact Person

c/o Black Bear Value Partners, LP

Firm/Company

4601 Ponce De Leon Blvd, Suite 300

Address

Coral Gables, FL 33146

City, State and Zip Code

adam@blackbearfund.com

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

For further information concerning this matter, please call:

Mary K. Patterson

at (646)

964-9313

Name of Contact Person.

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

X \$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. Black Bear Value 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.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. 8/22/2016

Date of Formation

4. Federal Employer Identification Number: 81-4037075

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

Adam Schwartz

4601 Ponce De Leon Blvd. Suite 300

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.

By: [Signature]

Signature of Registered Agent

7. Principal Office:

c/o Black Bear Value Partners, LP

4601 Ponce De Leon Blvd. Suite 300

Coral Gables, FL 33146

8. Mailing Address:

c/o Black Bear Value Partners, LP

4601 Ponce De Leon Blvd. Suite 300

Coral Gables, FL 33146

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: Black Bear Value Advisors, LLC MI6000009741

Street Address: 4601 Ponce de Leon Blvd. Suite 300

Coral Gables, FL 33146

Mailing Address: 4601 Ponce de Leon Blvd. Suite 300

Coral Gables, FL 33146

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

FILED
16 DEC -6 AM 9:32
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

Page 1 of 2

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 Fifth day of December, 2016.



Signature of a general partner
Adam Schwartz, Managing Member of the GP

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

Page 2 of 2

FILED
16 DEC -6 AM 9:32

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACK BEAR VALUE 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 SIXTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6130636 8300

SR# 20166935642

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203456903

Date: 12-06-16