

Division of Corporations

Page 1 of 2

**B17000066354**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA/FOREIGN LP/LLLP  
Aviator Capital End-of-Life US Feeder Fund, LP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

File 3rd of 3

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TALLAHASSEE FL 32303

MAR 10 2017

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aviator Capital End-of-Life US 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, Paralegal

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 J. Virts

at ( 404 ) 815-3500

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

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

1. Aviator Capital End-of-Life US 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. February 23, 2017

Date of Formation

4. Federal Employer Identification Number: Applied For

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

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 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.

[Handwritten Signature]
Signature of Registered Agent

7. Principal Office:

18851 NE 29th Ave Ste 518
Aventura, FL 33180

8. Mailing Address:

18851 NE 29th Ave Ste 518
Aventura, FL 33180

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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: Aviator Capital End-of-Life GP, LLC Name of General Partner: \_\_\_\_\_

Street Address: 18851 NE 29th Ave Ste 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: \_\_\_\_\_

Page 1 of 2

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

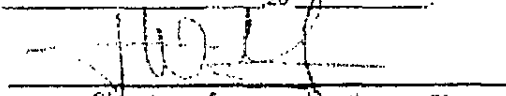
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: At registration  
*(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 March, 2017



Signature of a general partner Jorge Wolf, Manager of 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

Page 2 of 2

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVIATOR CAPITAL END-OF-LIFE US 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 MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVIATOR CAPITAL END-OF-LIFE US FEEDER FUND, LP" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017.

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

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 SECRETARY OF STATE  
 ALL INFORMATION  
 17 MAR -9 AM 9:38



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

6325369 8300

SR# 20171688762

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202169782

Date: 03-09-17

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