## Florida Department of State

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(((H17000087275 3)))



H170000872753ABC4

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Email Address:\_

### FLORIDA/FOREIGN LP/LLLP Bolderwood Select Credit Fund, LP

Please file 3rd after cover sheets H170000872393, 1st and then cover sheet H170000872553.

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Help

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MAR 3 1 2017

### COVER LETTER

TO: Registration Section Division of Corp				
SUBJECT: Bolderwood	Select Credit Fund, LP			
	e of Foreign Limited Partn	ership or Limited I.	iability	Limited Partnership
partnership to transact but			register	a foreign limited partnership or limited liability limited
Unristopher L. Petes				
· · · · · · · · · · · · · · · · · · ·	Contact Person		-	
c/o Bolderwood Capital I	Management, LLC			*
	Firm/Company		4	•
5844 Saint Annes Way				
	Adaress		~	
Boca Raton, FL 33496				
Ci	ty, State and Zip Code	<del></del>	-	
cliris@bolderwoodcapita				
E-mail address: (to be u	ised for future annual repor	t notification)	-	
For further information co	oncerning this matter, pieas	se can:		
Mary K. Patterson		at (646	964-9	313
Name of Contac	et Person	Area Code and D		me Telephone Number
Enclosed is a check for th	ic tonowing 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 Filin and Certified Cop		D \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	irele	MAILING ADD Registration Sect Division of Corpo P. O. Box 6327 Tallahassee, FL	ion orations	

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

	Partnership suffixes: Limited Partne	ability Limited Partnership, which must in ership, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.	,	
If name unavailable		nership or limited liability limited partnersh rida; must contain acceptable suffix.	ip proposes to reg	gister to transac
2 Delaware		M 1 0 2017		
Si	tate or Country of Formation	Date of Forms	ation	
4. Federal Employe	er Identification Number:			
5. Name of Register	red Agent for Sorvice of Process an	nd Florida Street Address:		
Christopher L. Feter	S			
5844 Saint Annes V	Vay			
Boca Raton, FL 334	196			
	ative to the proper and complete perj zissered agent. By:	nd agree to act in this capacity. I further up formance of my duties, and I am familiar wit there of Registered Agent		
7 Painateul Office		<del>-</del>		120mgraf
7. Principal Office:		8. Mailing Address:		i
c/o Bolderwood Caj	pital Management, LLC	c/o Bolderwood Capital Management	LLO	-
5844 Saint Annes W		c/o Bolderwood Capital Management 5844 Saint Annes Way	72 0	m
	Vay			m
5844 Saint Annes W Boca Raton, FL 334	Vay	5844 Saint Annes Way Boca Raton, FL 33496		m
5844 Saint Annes W Boca Raton, FL 334 9. If limited partne	Vay 196 ership is a limited Hability limited p al office address, and mailing addre	5844 Saint Annes Way  Boca Raton, FL 33496  partnership, check box .  ess of each general partner:	OF STATE	m
5844 Saint Annes W Boca Raton, FL 334 9. If limited partne 10. Name, principa Name of Genera	Partner:  Way  Properties a limited Hability limited position and mailing address, and mailing address, and Partner:	5844 Saint Annes Way  Boca Raton, FL 33496  partnership, check box .  cess of each general partner:	PY OF STATE	ED
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5844 Saint Annes W Boca Raton, FL 334  9. If limited partne 10. Name, principa Name of Genera Street Address: Mailing Address	Pay 196  Pership is a limited Hability limited pal office address, and mailing address and Partner:  Bolderwood Holdings, LLC 5844 Saint Annes Way  Boca Raton, FL 33496  5844 Saint Annes Way  Boca Raton, FL 33496	5844 Saint Annes Way  Boca Raton, FL 33496  Dartnership, check box .  Dass of each general partner:  C Name of General Partner:  Street Address:  Mailing Address:  Name of General Partner:	PY OF STATE	

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Name of General P		1 of 2 Name of General Partner:		
Street Address:		Street Address:		
Mailing Address:_	10 - N. 10 - N	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				
	g Fees: \$1,00 ified Copy (optional): \$52.5	0.00 (\$965 Filing Fee and \$35 Registered Agent Fee)		
Certi	ificate of Status (optional): \$8.75			
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOLDERWOOD SELECT CREDIT 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 TWENTY-NINTH DAY OF MARCH, A.D. 2017.

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

6342460 8300

SR# 20172118805

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

Authentication: 202291929

Date: 03-29-17