## B/800000025/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates (	of Status
Special Instructions to	Filing Officer:	

Office Use Only

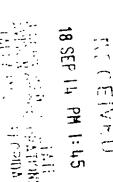


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FILED

18 SEP 14 AM 5: 10

SECRETARY OF STATE
SECRE



K. SALY SEP 17 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 384596 4804708 AUTHORIZATION : COST LIMIT : \$ 1000.00 ORDER DATE: September 12, 2018 ORDER TIME : 11:47 AM ORDER NO. : 384596-030 CUSTOMER NO: 4804708 FOREIGN\_FILINGS NAME: CP LIQUIDITY INCOME FUND, LP XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER: \_\_\_ \_ \_

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## COVER LETTER

Division of Corporations			
SUBJECT: CP Liquidity Income Fund, LP			
Name of Foreign Limited Partr	nership or Limited I	Liability Limited	Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida.  Please return all correspondence concerning this ma		register a forcig	n limited partnership or limited liability limited
Patrick D. Canavan			
Contact Person		_	
Seward & Kissel LLP			
Firm/Company		-	
One Battery Park Plaza, 24th Floor			
Address		_	
New York, New York 10004			
City, State and Zip Code		_	
wayne@fairholme.net			
E-mail address: (to be used for future annual repor	rt notification)	-	
For further information concerning this matter, pleas	se call:		
Patrick D. Canavan	212	574-1618	
Name of Contact Person	- \	nd Daytime Tele	phone Number
Enclosed is a check for the following amount:	·		
S1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	s S1,052.50 Fil and Certified	Copy Ce	061.25 Filing Fee, rtified Copy, and rtificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADD Registration Sect Division of Corpe P. O. Box 6327 Tallahassee, FL	ion orations	

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

FILED

18 SEP 14 AM 5: 10

SECRETARY OF STATE

1. CP Liquidity Income Fund, LP

If name unavailable, nam	•	or limited liability limited partnership proposes to register to transact	
<sub>2</sub> Delaware	business in Florida; n	nust contain acceptable suffix.  3. September, 2018	
<del></del>	r Country of Formation	Date of Formation	
4. Federal Employer 1de	ntification Number:		
5. Name of Registered A	gent for Service of Process and Flor	rida Street Address:	
Corporation Service Com	pany		
1201 Hays Street			
Tallahassec, FL 32301			
of all statutes relative t	o the proper and complete performan d agent. Corporation Service Con	tee to act in this capacity. I further agree to comply with the provisions are of my duties, and I am familiar with and accept the obligations of Emily Croft  Registered AgeASST. Vice President	
7. Principal Office:		Mailing Address:	
2601 NE 2nd Avenue		11 NE 2nd Avenue	
Miami, FL 33137 Mig		iami, FL 33137	
9. If limited partnership	is a limited liability limited partner	rship, check box.	
10. Name, principal offic	ce address, and mailing address of e	each general partner:	
	ner:CP Liquidity Income Fund GP, LLC	Name of General Partner:	
Name of General Part		Street Address:	
	NE 2nd Avenue	Street Address:	
Street Address: 2601	NE 2nd Avenue mi, FL 33137	Street Address:	
Street Address: 2601 Mia	mi, FL 33137		
Street Address: 260  Mia  Mailing Address: 260	mi, FL 33137  NE 2nd Avenue mi, FL 33137	Mailing Address:	
Street Address:  Mia  Mailing Address:  Mia	mi, FL 33137  NE 2nd Avenue mi, FL 33137	Mailing Address:	
Street Address:  Mia  Mailing Address:  Mia  Name of General Parts	mi, FL 33137  NE 2nd Avenue mi, FL 33137  ner:	Mailing Address:	

FILED

18 SEP 14 AM 5: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

Name of General Partner:	Name of General Partner:	ALLATIASSEE ST
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
	0 days after the date this document is filed by the Florest the applicable statutory filing requirements, this date's records.	
Florida Department of State, by the Secretary of S the law of which it is organized.	enticated, not more than 90 days prior to the delivery tate or other official having custody of the entity's re	
Signed this day of Septe	mber,20 <u></u>	
	Win	
	Signature of a general partner	
The individual cianing this decument affirms that	the feate stated beauty and the could be find that the	and the control of th

The individual signing this document affirms 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

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CP LIQUIDITY 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CP LIQUIDITY INCOME FUND, LP" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2018.

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





Authentication: 203421589

Date: 09-14-18

7054048 8300 SR# 20186656375