B180000082

(Requestor's Name)
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PICK-UP WAIT MAIL
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IVIS 40 INTRINATION OF COLUMN TO THE COLUMN

102018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 459251 4320702				
AUTHORIZATION: Syrelle Reas				
COST LIMIT : \$1000				
ORDER DATE : October 25, 2018				
ORDER TIME : 1:12 PM				
ORDER NO. : 459251-005				
CUSTOMER NO: 4320702				
FOREIGN FILINGS				
NAME: EAJF LEVERAGED FEEDER LP				
XXXX QUALIFICATION (TYPE: LP)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: EAJF Leveraged Feeder LP				
Name of Foreign Limited Partne	ership or Limited	Liability Limited P	artnership	
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		o register a foreign l	limited partnership	or limited liability limited
Benjamin E. Blank				
Contact Person		_		
B.E. Blank & Company				
Firm/Company		_		
777 South Flagler Drive, Suite 800 West				
Address		<u> </u>		
West Palm Beach, FL 33401				
City. State and Zip Code		-		
ben@beblankco.com				
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, pleas	e call:			
Benjamin E, Blank	at (202	257-8817		
Name of Contact Person	_ `	and Daytime Telepl	none 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)	S1,052,50 F and Certified	d Copy Certi	61.25 Filing Fee, ified Copy, and ificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAHLING AD Registration Sec Division of Cor P. O. Box 6327 Tallahassee, FL	ction porations		

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA EAJF Leveraged Feeder 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 Date of Formation 4. Federal Employer Identification Number: 83-2003013 5. Name of Registered Agent for Service of Process and Florida Street Address: Benjamin E. Blank 777 South Flagler Drive, Suite 800 West West Palm Beach, FL 33401 6. Thereby 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. Benjamin E. Blank Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 777 South Flagler Drive 777 South Flagler Drive Suite 800 West Suite 800 West West Palm Beach, FL 33401 West Palm Beach, FL 33401 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; BEB Partners LLC ____ Name of General Partner;_ 777 South Flagler Drive, Suite 800 West Street Address: Street Address: West Palm Beach, FL 33401 777 South Flagler Drive, Suite 800 West ___ Mailing Address:____ Mailing Address: West Palm Beach, FL 33401 Name of General Partner: Name of General Partner: Street Address: Street Address:

Page 1 of 2

Mailing Address: ______ Mailing Address: _____

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 content of the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.				
12. Attached is a certificate of existence duly authenticated, not me Florida Department of State, by the Secretary of State or other office the law of which it is organized.				
Signed this day of	.20 18			
•	fa general partner			
The individual signing this document affirms that the facts stated begin are true and the individual is aware that false information				

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

FILED

SECRETARY OF STATE
SECRETARY OF STATE



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

DELAWARE, DO HEREBY CERTIFY "EAJF LEVERAGED FEEDER 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-FIFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAJF LEVERAGED FEEDER LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 203681353

Date: 10-25-18