(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(011)-01010-2-10-1-10-10-1
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

DATE 5/20/2020	(850) 656-4724		
		**	WALK IN**
ENTITY NAME AVIATO	OR CAPITAL OPPORTUNITY FUND US FEEDER,	LP	
DOCUMENT NUMBER_		2020 SE	
	PLEASE FILE THE ATTACHED AND RETURN	2020 HAY 20 SECRETARY TALLAHASSE	
xxxx	Plain Copy	PM 4: 48 OF STATE E.FLORID!	
<u></u>	Certified Copy	STATE FLORID	
	Certificate of Status	Σ ω	
			-
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTI	774**	
	Certified Copy of Arts & Amendments		
	Certified Copy of Arts & Amendments Complete File (Inclading	Annual Reports)	
	Certificate of Status		
	Certificate of Status Reflecting:		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATI	ON		
NUMBER OF CERTIFICAT			
TOTAL OWED \$ 1000	ACCOUNT # I201600000	072 4/: (15W

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

Division of Corporations	
SUBJECT: Aviator Capital Opportunity Fund US Feeder.	LP
	or Limited Liability Limited Partnership
The enclosed application, certificate of status and fees are st partnership to transact business in Florida. Please return all correspondence concerning this matter to:	abmitted to register a foreign limited partnership or limited liability limited
Lorna J. Virts	FILED 2020 HAY 20 PM 4: 48 SECKETARY OF STATE TALLAHASSEE, FLORID
Contact Person	Pro A
Smith, Gambrell & Russell, LLP	FILED PAY 20 PM L CHANASSEE. FL
Firm/Company	mã , m
1230 Peachtree Street NE, Suite 3100	
Address	OR R
Atlanta, GA 30309	DE 00
City, State and Zip Code	
LVirts@sgrlaw.com	
E-mail address: (to be used for future annual report notifie	ation)
For further information concerning this matter, please call:	
Lorna J. Virts 40	4 815-3500
Name of Contact Person A	rea Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	052.50 Filing Fees U\$1.061.25 Filing Fee, d Certified Copy Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of I teceptable Limited	Partnership suffixes – Limited Partnership	y Limited Partnership, which must include suffix) Louited, L.P., L.P. or Ltd mited Lubility Limited Partnership [L.L.P. or LL]P	
if name anavariable	e, name under which the limited partnersh business in Florida;	ip or limited liability limited partne Appropries to register to a ansmust contain acceptable suffix.	
, Delaware		3. 05 12 2020 PE T	
St	ate or Country of Formation	Date of Forther D	
4. Federal Employe	r Identification Number 35-1644523	رمديسي كب الما	
5 Name of Register	red Agent for Service of Process and Flo	orida Street Address:	
NRAI Services, Inc.		orida Street Address:	
1200 South Pare Isla	and Road	r	
Plantation FI 3332	34		
6 I hereby accept th	ne appoiniment as registered agent and ag neve to the proper and complete performa istered agent	procession of this capacity. I further agree to comply with the process of the duties, and I am familiar with and accept the obligations of Registered Agent	
7 Principal Office:		8. Muiling Address:	
18851 NF 29th Avenue, Suite 518		13851 NE 29th Avenue, Suite 518	
eventura, FL 33180	· }	Aventura, FI 33180	
9 If limited partne	rship is a limited liability limited partne	ership, check box, 22	
30 Name, principa	l office address, and mailing address of	each general partner:	
Name of General	Partner: Aviator Capital Opportunity Fund Of	Nature of General Partner	
Street Address 18851 NE 29th Avenue, Suite 518		Strong V. Drong	
	Aventura, FL 23180		
	· · · · · · · · · · · · · · · · · · ·	Mailing Address	
	Aventura, FL 33180		
Name of General		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:
Note: If the date inserted in this block does not mee document's effective date on the Department of Sta 12. Attached is a certificate of existence duly auther	days after the date this document is filed by the Flexible Deflectment of State.) I the applicable statutory filing requirements, this date will not be listed as the te's records. Records. Proposition of the delivery of this application to the te or other official having custody of the entity's records in the jurisdiction under
Signed this 19th day of May	₽ -
<u>(</u>	Hugo Reiter, Manager of General Partner
	Signature of a general partner

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVIATOR CAPITAL OPPORTUNITY FUND US

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 THIRTEENTH DAY OF MAY, EXCEPTION

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVIATOR CAPITAL OPPORTUNITY FUND US FEEDER, LP" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2020.

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

Authentication: 202922508

Date: 05-13-20

7967618 8300 SR# 20203812894