

B240000000051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

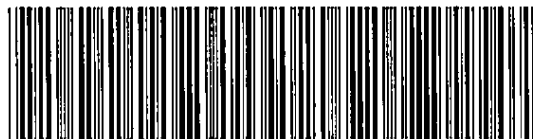
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W24-26761

Office Use Only



300423912573

2024 FEB 16 AM 10:27

2024 FEB 16 PM 1:11

FEB 22 2024
K. Brumbley



FILE 2ND

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2024

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: BAYVIEW RESIDENTIAL MORTGAGE INCOME FUND, L.P.
Ref. Number: W24000026761

We have received your document for BAYVIEW RESIDENTIAL MORTGAGE INCOME FUND, L.P. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Part 1 was rejected making this not filable.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 824A00003533



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

FILE 2ND

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 02/16/24
Order #: 1421265-3
Re: Bayview Residential Mortgage Income Fund, L.P.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1000.0 - FL State Account Number:
120000000195

Certificate of Good Standing from State of Incorporation
auth

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'auth'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

1. Bayview Residential Mortgage Income Fund, L.P.

(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. 11/27/2023

Date of Formation

4. Federal Employer Identification Number: 93-4632816

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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. Corporation Service Company

By:

Signature of Registered Agent

7. Principal Office:

4425 Ponce de Leon Blvd., 4th Fl.

Coral Gables, FL 33146

8. Mailing Address:

4425 Ponce de Leon Blvd., 4th Fl.

Coral Gables, FL 33146

9. If limited partnership is a limited liability limited partnership, check box ☒

10. Name, principal office address, and mailing address of each general partner:

Bayview Residential Mortgage Income Fund GP, LLC

Name of General Partner: _____ Name of General Partner: _____

Street Address: 4425 Ponce de Leon Blvd., 4th Fl.

Street Address: _____

Mailing Address: Coral Gables, FL 33146

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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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 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 15th day of February, 2024.

DocuSigned by:

Brian E. Bomstein

77E516206480489

Signature of a general partner

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.

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

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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 "BAYVIEW RESIDENTIAL MORTGAGE INCOME FUND, L.P." 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYVIEW RESIDENTIAL MORTGAGE INCOME FUND, L.P." WAS FORMED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2023.

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



2670325 8300

SR# 20240527521

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202820168

Date: 02-15-24