

B24000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

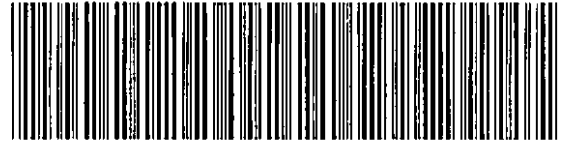
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100433200671

APPROVED  
AND  
FILED  
2024 AUG 21 PM 5:52  
CLERK OF SUPERIOR COURT  
JAN 10 2024

RECEIVED  
2024 AUG 21 PM 3:44  
ALLAHASSALI, IL

AUG 21 2024

K. Brumble



CSC, - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

FILE 2ND

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 08/21/24  
Order #: 1598019-3  
Re: Bayview Residential Loan Fund Domestic (Employee), 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: \$1061.25 - FL State Account Number:  
120000000195

Certificate of Good Standing from State of Incorporation

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the text of the enclosed items.

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.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAYVIEW RESIDENTIAL LOAN FUND DOMESTIC (EMPLOYEE), L.P.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Christine Raymond

Contact Person

c/o Bayview Asset Management, LLC

Firm/Company

4425 Ponce de Leon Blvd.

Address

Coral Gables, FL 33146

City, State and Zip Code

christineraymond@bayview.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marissa Schwartz

at ( 305 ) 854-8880

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fee ( \$965 Filing Fee and \$35 Registered Agent Fee )	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, 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**

1. Bayview Residential Loan Fund Domestic (Employee), 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. State of Delaware 3. July 30, 2024  
 State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 99-4300986

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.

Shauna Godbolt

7. Principal Office:  
4425 Ponce de Leon Blvd.  
Coral Gables, FL 33146

8. Mailing Address:  
4425 Ponce de Leon Blvd  
Coral Gables, FL 33146

APPROVED  
AND  
FILED  
2024 AUG 21 PM 5:52

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: <u>Bayview Residential Loan</u>	Name of General Partner: _____
<u>Fund GP, LLC</u>	
Street Address: <u>4425 Ponce de Leon Blvd.</u>	Street Address: _____
<u>Coral Gables, FL 33146</u>	
Mailing Address: <u>4425 Ponce de Leon Blvd.</u>	Mailing Address: _____
<u>Coral Gables, FL 33146</u>	
Name of General Partner: _____	Name of General Partner: _____
Street Address: _____	Street Address: _____
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 date this document is filed by the Florida Department of State.)*  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 16th day of August, 2024

By: Bayview Residential Loan Fund GP, LLC, its General Partner

DocuSigned by:

Brian Bomstein

By: Brian Bomstein Sr. Vice President

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      QUAL-43102

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAYVIEW RESIDENTIAL LOAN FUND DOMESTIC (EMPLOYEE), 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 SIXTEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYVIEW RESIDENTIAL LOAN FUND DOMESTIC (EMPLOYEE), L.P." WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2024.

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



4498835 8300

SR# 20243443494

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204185622

Date: 08-16-24