

F17000001318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

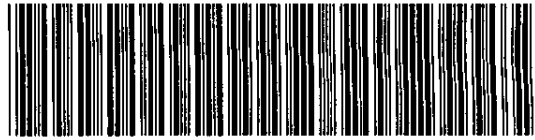
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Suffix W17-18064

Office Use Only



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02/27/17--01003--024 **70.00

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2017 MAR 16 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2017

MARTA NOVICK
CONSILIUM INVESTMENT MANAGEMENT LLC
3101 N FEDERAL HWY, STE. 502
FORT LAUDERDALE, FL 33306

SUBJECT: THE CONSILIUM CORPORATE RECOVERY MASTER FUND, LTD.
Ref. Number: W17000018064

We have received your document for THE CONSILIUM CORPORATE RECOVERY MASTER FUND, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 617A00004057

2017 MAR 16 PM 2:03
RECEIVED
CONSILIUM INVESTMENT MANAGEMENT



February 23, 2017

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: The Consilium Corporate Recovery Master Fund Ltd.

Please find attached application to register the above reference Company to transact business in Florida.

We are also enclosing check for \$70.00 to cover the registration fee.

Kindly contact me any questions.

Best regards,

A handwritten signature in black ink, appearing to read "Marta Novick", written in a cursive style.

Marta Novick
Operations Manager
954-315-9386
mnovick@consimllc.com

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

The Consilium Corporate Recovery Master Fund Ltd. Co.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Cayman Islands _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 11, 2008 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3101 N Federal Hwy, Suite 502, Fort Lauderdale, FL 33306

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Marta Novick _____

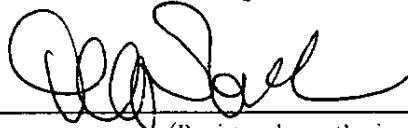
Office Address: 3101 N Federal Hwy, Suite 502 _____

Fort Lauderdale _____, Florida 33306
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jonathan Binder

Address: 1014 NE 5th Street, Fort Lauderdale, FL 33301

Director: Ian Perkins

Address: Moth House Brown, Candover Aresford, Hampshire SO24 9TT, United Kingdom

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Jonathan Binder

(Typed or printed name and capacity of person signing application)

FILED
2017 MAR 16 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Existence

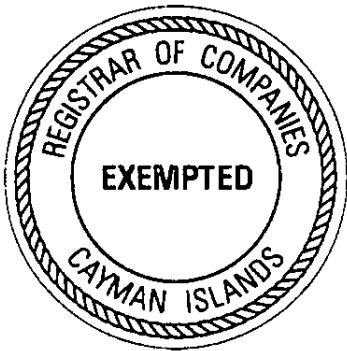
I, **MELANIE E. RIVERS** Assistant Registrar in and for the Cayman Islands,
DO HEREBY CERTIFY the information provided below for:-

The Consilium Corporate Recovery Master Fund, Ltd.

Registered Office : Mourant Ozannes Corporate Services (Cayman) Limited
P. O. Box 1348
94 Solaris Avenue
Camana Bay
Grand Cayman KY1 - 1108
Cayman Islands

Registration Date: 11th June 2008
Type : EXEMPT
Company Number: 212314
Status: ACTIVE

Given under my hand and Seal at George Town in the
Island of Grand Cayman this 21st day of February
Two Thousand Seventeen



A handwritten signature in black ink, appearing to be "M.E. Rivers".

Assistant Registrar Of Companies
Cayman Islands

Authorisation Code : 672279730895
www.verify.gov.ky
21 February 2017

FILED
2017 MAR 16 AM 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA