

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000274050 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092
Fax Number : (850)878-5006

LORIDA/FOREIGN LIMITED LIABILITY CO.

Bayview Financial Fund Partner, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9269848098

TI/02/5007 II:I3

11/7/2007

CT CORPORATION SYSTM

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:			
1. BA VIEW FINANCIAL FUND PARTNER, LLC (Name of Poreign Limited Limitity Company)			
1. BA VIEW FINANCIAL FUND PARTNER, LLC (Name of Poreign Limited Liability Company) 2. Le La Mare (Durisdiction under the law of which foreign limited liability (FEI number, if applicable) 4. November 6. 2007 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Duration: General Company will cease to exist or "perpetual")			
4. (Vovement Granization) 4. (Vovement Granization) 5. PERPETUAL (Date of Organization) 5. (Duration; Year finited liability company will cease to exist or "perpetual")			
6. UPON FILE AS (Date State transpersed business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7. 1425 Ponce de Leun Blvd., 5th Flour			
CURAL GARLES FLA 33146 (Since Address of Principal Office)			
8. If limited liability company is a manager-managed company, check here 🔀			
9. The name and usual business addresses of the managing members or managers are as follows:			
DAVID QUINT			
4425 Ponce de Leun Bird, 5th Flore			
CORNI GABLES FLA 33146			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)			
1). Nature of business or purposes to be conducted or promoted in Florida:			
Investments in Financial Assets			
Signature of a member of an humorized representative of a member.			
(in accordance with section 508,408(3), P.S., the execution of this document constitutes are affirmation under the population of perjury that the facts stated became gravitue.)			
TBRIAN E. Boustein (SUP) & Member Typed or printed name of signer			
A.A. sarama () and a sarama management			

11/02/2007 11:13 8508786926

of 1165 - which is the Common Children

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE FLORIDA.	OF STADY
1. The name of the Limited Liability Company is:	<u> </u>
BAYVIEW FINANCISC FUND PARTNER, LLC	
2. The name and the Florida street address of the registered agent and office are:	ợ.
BRIAN E BOMSTEIN	·
(Name)	

4425 Ponce de Lean Bird. 4th FIR
Florida Stroet Address (P.O. Hox NOT ACCUPITABLE)

C.O. RAL GABLES, FLA 33146

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: (Signature)

\$ 100.00 Filing Fee for Application:
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FLIG? - 9/09/US C'T System Calu

Delaware

PAGE I

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBEY CERTIFY "BAYVIEW FINANCIAL FUND PARTNER, LLC" 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 SIXTH DAY OF NOVEMBER, A.D. 2007.

SECHETARY OF STATEMS
SIVISION OF CORPORATIONS
ON NOV -7 AH 8: 40

4452048 8300 071194369



Warriet Smith Warter Springer or of State

AUTHENTICATION: 6136675

DATE: 11-06-07

9269848098 £1:11 4002/40/11