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OB-MAR 26 AT II:

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 2 7 2008

**EXAMINER** 

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Rivergate Fund Manager	ment LLC
(Name of Limi	ted Liability Company)
The enclosed "Application by Foreign Limited Lial Florida," Certificate of Existence, and check are suliability company to transact business in Florida	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Mariana Madrid	
(Nar	ne of Person)
Morgan, Lewis & Bockius	LLP
	m/Company)
	l Center, 200 S Biscayne Blvd.
(	(Address)
Miami, Florida 33131	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Mariana Madrid	_at ( 305 ) 415-3370
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  []\$125.00 Filing Fee	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Rivergate Fund Manage (Name of Foreign Limited Liabil		de "Limited Liability Company," "L.L	C.," or "LLC.")
(If name unavailable, enter alternate nan consent of the managers or managing m Company," "L.L.C.," "LLC.")			
2. Delaware	3	80-0159370	
(Jurisdiction under the law of which f company is organized)	oreign limited liability	( FEI number, if appl	icable)
4. March 12, 2008	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability co	
6. N/A			W BO
(Date first t	ransacted business in Flor	rida, if prior to registration.) to determine penalty liability)	MAR 2
7 444 Brickell Avenue, S		, , , , , , , , , , , , , , , , , , , ,	FILE TARY OF COI 26 I
Miami, Florida 33131		,	A RPORA
· · · · · · · · · · · · · · · · · · ·	(Street Address o	f Principal Office)	
8. If limited liability company is	a manager-managed o	company, check here 🗸	E E E E
9. The name and usual business a	addresses of the mana	ging members or managers are	as follows:
Allen de Olazzara; Sergio So	colsky; Dominic Rec	chichi, Jr.; Jay Massirman; and	d Wes Pritchett
(all) at 444 Brickell Avenu	ie, Suite 340, Miam	ni FL 33131	
			<del></del>
<ol> <li>Attached is an original certificate of exthe jurisdiction under the law of which it is translation of the certificate under oath of the</li> </ol>	s organized. (A photocopy he translator must be subm	is not acceptable. If the certificate is in itted.)	a foreign language, a
11. Nature of business or purpose	es to be conducted or	promoted in Florida: Any lav	wful business
		Florida Limited Liability	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of pertury that the facts stated herein are true.)

Jay Massirman

Typed or printed name of signee

#### **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.

1. The name of the	Limited Liability Company is:
Rivergate Fund	Management LLC
If name unavailable	, the alternate name to be used in the state of Florida is:
2. The name and th	e Florida street address of the registered agent and office are:
Ja	y Massirman
	(Name)
44	4 Brickell Avenue, Suite 340
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Mia	ami, Florida 33131 <sub>FL</sub>
	City/State/Zip

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.

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

**Certificate of Status (optional)** 

Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIVERGATE FUND MANAGEMENT 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 NINETEENTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AEYS GEORGE STORY

4515378 8300

080334869

Darriet Smith Mindson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 6462124

DATE: 03-19-08