

M08000001891

Florida Department of State
Division of Corporations
Public Access System

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.

(((H08000098629 3)))



H080000986293ABC9

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) 878-5926

Please print, original filing
date of submission 4/16

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bayview ABS Credit GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 12:38

RECEIVED

08 APR 16 AM 7:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/16/2008

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

APR 22 2008

EXAMINER



April 21, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BAYVIEW ABS CREDIT GP LLC
REF: W08000019483

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Need the name of the manager in section ~~8~~ 9

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: E08000098629
Letter Number: 908A00022997

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION 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. BAYVIEW ABS CREDIT GP LLC
(Name of Foreign Limited Liability Company)

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. APPLIED FOR
(FEI number, if applicable)

4. APRIL 11, 2008
(Date of Organization)

5. PERPETUAL
(Duration: Your limited liability company will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146
(Street 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:

4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146
Brian E. Bomstein

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.)

11. Nature of business or purposes to be conducted or promoted in Florida: TO ENGAGE IN ANY
ACTIVITY THAT LIMITED LIABILITY COMPANIES MAY ENGAGE IN.

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 perjury that the facts stated herein are true.)

BRIAN E. BOMSTEIN, AS AUTHORIZED PERSON
(Typed or printed name of signer)

**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:

BAYVIEW ABS CREDIT GP LLC

2. The name and the Florida street address of the registered agent and office are:

BRIAN E. BOMSTEIN

(Name)

4425 PONCE DE LEON BLVD. 4TH FLOOR

Florida Street Address (P.O. Box NOT ACCEPTABLE)

CORAL GABLES, FL 33146

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.

BRIAN E. BOMSTEIN

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 16 AM 7:58

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAYVIEW ABS CREDIT GP 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 SIXTEENTH DAY OF APRIL, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYVIEW ABS CREDIT GP LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2008.



4533027 8300

080436429

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

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6527244

DATE: 04-16-08