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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

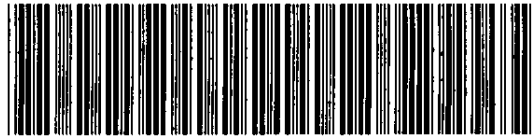
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SEP 10 2008

EXAMINER



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09/09/08--01022--003 \*\*155.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP -9 PM 2: 28

*LAW OFFICES*  
**Reichstein and Lapat**  
an association of individual attorneys

3300 University Drive  
Suite 311  
Coral Springs, Florida 33065  
(954) 345-6442  
(954) 344-0288 (Fax)

221 North La Salle Street  
Suite 1137  
Chicago, Illinois 60601  
(312) 425-2900  
(312) 425-2901(Fax)

*Please Reply to Florida Office*

Michael Lapat  
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Florida, Illinois & New York  
[mlapat@nysbar.com](mailto:mlapat@nysbar.com)

August 26, 2008

Florida Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: BRIDGEPOINT STRUCTURED PROPERTY FUND, LLC**  
**Including Certified Copy of LLC**

**\$155.00**

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entity. Accompanying this submission is a **check in the sum of \$155.00** representing the filing fee for this formation.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,

  
Julie Hancock

jh  
enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRIDGEPOINT STRUCTURED PROPERTY FUND, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

JULIE HANCOCK

(Name of Person)

LAW OFFICES OF MICHAEL LAPAT

(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311

(Address)

CORAL SPRINGS FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE HANCOCK

(Name of Person)

at ( 954 ) 345-6442

(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    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. **BRIDGEPOINT STRUCTURED PROPERTY FUND, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **DELAWARE**

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

3. **FILE#4529491 EIN 26-2363473**

(FEI number, if applicable)

4. **04-04-2008**

(Date of Organization)

5. **12-31-2051**

(Duration: Year limited liability company will cease to exist or "perpetual")

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

7. **101 NE 3RD AVE., SUITE 1830**

**FORT LAUDERDALE, FL 33301**

(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:

**ERIC JAFARI**

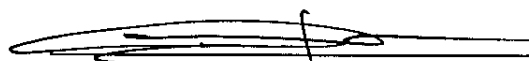
**101 NE 3RD AVE., SUITE 1830**

**FORT LAUDERDALE, FL 33301**

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: \_\_\_\_\_

**PRIVATE INVESTMENT COMPANY**



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.)

**ERIC JAFARI, MANAGER**

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP - 9 PM 2:28

**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:

**BRIDGEPOINT STRUCTURED PROPERTY FUND, LLC**

If name unavailable, the alternate name to be used in the state of Florida is:

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

**ERIC JAFARI**

(Name)

**101 NE 3RD AVE., SUITE 1830**

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

**FORT LAUDERDALE**

**FL**

**33301**

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.*

  
(Signature)

ERIC JAFARI, MANAGER

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

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIDGEPOINT STRUCTURED PROPERTY FUND, 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2008.



4529491 8300

080903095

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6814315

DATE: 08-26-08