Division of Corp

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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JUL 2 1 2011

Prom:

; C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone Pax Number : (850) 222-1092 : (850)878-5368 **EXAMINER**

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

Foreign Limited Liability Company BAYVIEW CAPITAL GP MSR, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

COVER LETTER

10:	Division of Corpore					
SUBJE	Bayview Capit	al GP MSR, LLC				
VV-V		Nam	e of Limited	Liability Cor	пралу	
The car	closed "Application b	y Foreign Limited Liabi	Lity Company	for Authoriz	zation to Transact Business in Florid ited liability company to transact bu	a," Certificate of
		ace concerning this mat		_	mos natisty company to manager of	Michael III Leviloni
	_			v 11 		
•	Brian E. Bo	mstein	Name	of Person		-
			144445	72 2 DEGO!)		
	Bayriow C	opital GP MSR, LLC				
			Firm/C	ompany		
	4425 Ponce	de Leon Blvd., 4th Floo	эг			_
•			Ad	dress		
	Coral Gable	s, Florida 33146				
			City/State a	nd Zip Code		•
	christinersy	mond@beyviewassctma	nagement.com	m		
		E-mail address: (to	be used for	ning annual	report notification)	•
For furt	her information cone	oming this matter, please	call:			
	Antonio Chimienti		, at	305	854-8880	
	N	une of Person	Area Coo	lo & Daytimo	: Telephone Number	-
	MAILING ADDRI		STREET A	DDRESS: Corporations		
	Registration Section		Registration	Section		
•	P.O. Box 6327 Tallahassee, FL 323	14		ive Center C	ircle	
			Tallahassoc,	FL 32301		
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M JUL 20 AM IO: OI

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Bayvisw Capital GP MSR, LLC	E SIALE OF FLORIDA:
	liude "Limited Liability Company," "L.L.C.," or "LLC.")
	cose of transcoring business in Florida and attach a copy of the writte ternate name. The alternate name must include "Limited Liability
2. Delaware	3 45-2706295
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. July 6, 201!	5. Perpotual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing	
(Date first transacted business in f (See sections 608.501 & 608.502 F.	floride, if prior to registration.) S. to determine penalty liability)
7. 4425 Ponce de Leon Blvd., 4th Floor	
Coral Gables, Florida 33146	
(Street Address	s of Principal Office)
8. If limited liability company is a manager-manage	d company, check here
9. The name and usual business addresses of the ma	maging members or managers are as follows:
David Ertel	
4425 Ponce de Leon Blvd., 4th Floor	
Coral Cables, Florida 33146	
the jurisdiction under the law of which it is organized. (A photocottems lation of the certificate under outh of the translator must be suf-	bunited)
11. Nature of business or purposes to be conducted	
Bayview MSR Opportunity Domestic, L.P. and Bayview M	SR Opportunity Master Fund, L.P.
Orle the co	
- ,	uthorized representative of a member.
(In accordance with section 608.408(3), F.S., the ex-	ecution of this document constitutes an affirmation under the
penalties of perjuty that the facts stated herein are to the Department of State constitution	rue. I am aware that any false information submitted in a less a third degree felony as provided for in s.817.155, F.S.)
John H. Fischer	
Typed or printe	ed 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.

	ital GP MSR, LLC	
If unavailable	le, the alternate to be used in the state of Florida is:	
2. The name	e and the Plorida 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, Florida 33146 FL 33324	
	City/State/Zip	
liability comp agent and agr relating to the	named as registered agent and to accept service of process for the above state pany at the place designated in this certificate, I hereby accept the appointment gree to act in this capacity. I further agree to comply with the provisions of all the proper and complete performance of my duties, and I am familiar with under the provision as registered agent as provided for in Chapter 608, Florida States. Brian E. Bomstein By:	nt as registered I statutes accept the
	\$ 100.00 Filing Fee for Application	
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	
	\$ 30.00 Certified Copy (optional)	

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "BAYVIEW CAPITAL GP MSR, 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 JULY, A.D. 2011.

5006534 8300

110793690 You may verify this certificate online at cosp. delaware, gov/outhwer, shtml AUTHENTICATION: 8882933

DATE: 07-06-11