

M12000000521

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H14000154735 3)))



H140001547353ABC/

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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) 878-5368

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

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14 JUN 27 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MCKINLEY DEBT FUND I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**\*RE-SUBMIT\***

Electronic Filing Menu Corporate Filing Menu

Please attach original filing  
date of submission 4/27

JUL 11 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 643 Debt Fund I LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregor Watson

Name of Person

643 Debt Fund I LLC

Firm/Company

445 Bush Street, Suite #700

Address

San Francisco, California 94108

City/State and Zip Code

info@licenseandcomplianceresource.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

850-617-6381

6/30/2014 8:16:42 AM PAGE 1/001 Fax Server



June 30, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MCKINLEY DEBT FUND I, LLC  
1 KAISER PLAZA, SUITE #1450  
OAKLAND, CA 94612

SUBJECT: MCKINLEY DEBT FUND I, LLC  
REF: M12000D00521

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.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

FAX Aud. #: H14000154735  
Letter Number: 914A00014094

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*RE-SUBMIT\*

Time of filing  
date of submission 4/27

P.O BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: McKinley Debt Fund I, LLC
2. Jurisdiction of its organization: California
3. Date authorized to do business in Florida: 01/27/2012

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: 643 Debt Fund I LLC  
(must contain "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 contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_  
\_\_\_\_\_
7. Attached is an original certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Gregor Watson  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
**14 JUN 27 AM 8:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

## State of California Secretary of State

### Certificate of Filing of All Documents

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

**Entity Name:** 643 DEBT FUND I LLC

**File Number:** 201036310224  
**Registration Date:** 12/22/2010  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA

All business entity documents recorded in this office for said entity are:

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**Document Type:** FORMATION  
**File Date:** 12/22/2010  
**Effective Date:** 12/22/2010

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**Document Type:** STATEMENT OF INFORMATION  
**File Date:** 03/12/2012  
**Effective Date:** 03/12/2012

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**Document Type:** STATEMENT OF INFORMATION  
**File Date:** 12/31/2013  
**Effective Date:** 12/31/2013

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**Document Type:** AMENDMENT  
**File Date:** 04/23/2014  
**Effective Date:** 04/23/2014  
**Entity Name Changed From:**  
MCKINLEY DEBT FUND I, LLC

.. \*\*\*\* \*\*\*\*\* \*\*\*\*\* End of list \*\*\*\*\* \*\*\*\* ..

**State of California**  
**Secretary of State**

Page 2 of 2

Re: 201036310224



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California this  
day of June 25, 2014.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

Go to [www.sos.ca.gov/business/be](http://www.sos.ca.gov/business/be) for information about ordering  
a copy of a filed document. MKK