

Florida Department of State

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

PURSUANT TO SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 1. The name of the company is BCA Alternative Income Fund GP, LLC.
- 2. The company was organized under the laws of the State of Delaware.
- 3. The FEI number, if applicable, is 46-4886054.
- 4. The date which the company first transacted business in Florida is: upon filing.
- 5. The company's principal address is 1700 S. MacDill Avenue, Suite 340, Tampa, FL 33629.
- 6. The company's mailing address is 1700 S. MacDill Avenue, Suite 340, Tampa, FL 33629...
- 7. The name, title and usual business addresses of the manager is as follows: Tready Smith, Manager 1700 S. MacDill Avenue, Suite 340, Tampa, FL 33629.
- 8. 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.

Tready Statut, Manager

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CERTIFICATE OF DESIGNATION OF REGISTERED AGEN/REGISTERED CHARGESEE. FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OR 605.0902 (1)(D). FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFIE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is: BCA Alternative Income Fund GP, LLC
- 2. The name and the Florida street address of the registered agent and office are:

Tready Smith 1700 S. MacDill Avenue, Suite 340 Tampa, FL 33629

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 605, Florida Statutes.

Name: Tready Smith, Registered Agent

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BCA ALTERNATIVE INCOME FUND 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCA ALTERNATIVE INCOME FUND GP, LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2014.

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

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may verify this certificate online corp. delaware.cov/authver.shtml Jettrey W. Bullack, Secretary of Sta AUTHENTYCATION: 1152686

DATE: 02-21-14