#### Florida Department of State

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# Foreign Limited Liability Company BAYVIEW CAPITAL GP COMPANION IVA, LLC

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#### **COVER LETTER**

	stration Section ion of Corporatio	ns		•			
SUBJECT: 1	Bayview Capital G	OP Companion IVa,	LLC				
		Name o	of Limited Lia	bility Company			•
						ansact Business in Florida," y company to transact busin	
Please return a	II correspondence	concerning this matte	er to the follo	wing:			
	Brian B. Bomst	ein					
			<b>Матке</b> С	f Person			
	Bayview Capita	al GP Companon IV/	A, LLC				
			Flrm/C	ompany			•
	c/o Bayviow As	set Management, LL	.C., 4425 Pos	noe de Leon B	lvd, Sth F	loor	
			Ade	iress			
	Cotral Gables, 1	Plorida 33146					
	<u></u>		City/State at	nd Zip Code			
	christineraymon	d@bayvicwasactman					
		E-mail address; (6	o be used for i	uture annual rep	art notific	ation)	
For further info	ormation concernir	ig this matter, please	call:				
Chris	tine Raymond		at	(305	341-55	98	
		of Contact Person	a,	Area Code		ytime Telephone Number	
MAILING ADDRESS: Division of Corporations			STREET A Division of (	Corporations			
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	nasseo, FL 32314	!		ive Center Cire	cle		
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<b>□</b> \$12	25,00 Filing Fee	Certificate of St		\$155,00 Filling Certified Cop	•	☐ \$160.00 Filing Pee, Co of Status & Certified	

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

IN COMPLIANCE WITH 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.	Bayview Capital OP Companion IVA, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited billity Company," "LiC," or "LiC.")
2.	Delaware 3 Applied for
7	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	Upon Piling
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability)
5.	4425 Ponce de Leon Blyd., 5th Floor
	Coral Gables, Plorida 33146
	(Street Address of Principal Office)
6.	same as above
	(Mailing Address)
	The name, title or capacity and address of the person(s) who has/have authority to manage is/ars:
44	25 Pance de Lean Bivd., 5th Floor
Co	ral Gables, Florida 33146
har acc mu	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ring custady of records in the jurisdiction under the law of which it is organized. (A photocopy is not exptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator st be submitted)    Danie   Prish   Distribution   Derson
	Brian B. Bomstein
	Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Bayview Capi	tal GP Companion IVA, LLC	
If unavailabl	e, the alternate to be used in the	state of Florida is:
2. The name	e and the Plorida street address of	f the registered agent and office are:
	Brian B. Bomstein	<del></del>
		(Name)
	4425 Ponce de Leon Blvd. 5th Fic	por
	Florida Street Addr	ess (P.O. Box NOT ACCEPTABLE)
	Corni Gables	FL 33146
		City/State/Zip
liability compregistered ag statutes relai	pany at the place designated in the ent and agree to act in this capac ing to the proper and complete p	accept service of process for the above stated limited is certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of a cerformance of my duties, and I am familiar with and cered agent as provided for in Chapter 605, Florida
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

# Delaware

PAGE

#### The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAYVIEN CAPITAL GP COMPANION IVA, 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 SECOND DAY OF APRIL, A.D. 2014.

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

*5496242 8300* 

140417559

You may vorify this certificate online at corp. delaware.gov/euthver.shtml

Joffrey W. Bullock, Secretary of State

DATE: 04-02-14