# M14000006979

(Requestor's Name)		
(Address)		
(Address)		
·· (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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TO ACHARMETUGE

MEDICAL STATES

H SEP 26 PH 4:

SEP 2 9 2014 T. HAMPTON



file first \*du not separate \* pleasex

IDN (SERVICE COMPANY)				
ACCOUNT NO. : 12000000195				
REFERENCE : 315474 7387459				
AUTHORIZATION :				
COST LIMIT : \$ 125.00				
ORDER DATE : September 26, 2014				
ORDER TIME : 1:32 PM				
ORDER NO. : 315474-010				
CUSTOMER NO: 7387459				
FOREIGN FILINGS				
NAME: KOITERE GP, LLC				
XXXX QUALIFICATION (TYPE: <u>LL</u> )				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CERTIFICATE OF GOOD STANDING				
CONTACT DEDCOM. Courtney Williams EVT# 62025				
CONTACT PERSON: Courtney Williams EXT# 62935				

EXAMINER:

#### COVER LETTER

SUBJECT:	Koitere GP, LLC Name of Limited Liability Company
	Name of Limited Liability Company
	imited Liability Company for Authorization to Transact Business in Florida," Cengister the above referenced foreign limited liability company to transact business in
lease return all correspondence concern	ling this matter to the following:
Christine Raymon	d
	Name of Person
Bayview Asset Ma	nagement, LLC
<del>Ville di la casta di la casta</del>	Firm/Company
4425 Ponce de Leo	n Blvd., 5th Floor
,	Address .
Coral Gables, FL 3	33146
·	City/State and Zip Code
christineraymond@ E-m	abayviewassetmanagement.com ail address: (to be used for future annual report notification)
or further information concerning this m	atter, please call:
Michael B. Guss	at ( 305 ) 854-8880  Area Code Daytime Telephone Number
Name of Contac	t Person Area Code Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations Registration Section	Division of Corporations Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
inclosed is a check for the following	ng amount:
	0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certification

### 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. Koitere GP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")	
(Name of Localita Chantee rinbility Combany, must include Trumited Plannth Combany, "Traffer", or "FFC".)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")	
2. Delaware 3. 37-1765234	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. Sept. 25, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 4425 Ponce de Leon Blvd., 5th Floor	7
Coral Gables, FL 33146	~
(Street Address of Principal Office)	
6. 4425 Ponce de Leon Blvd., 5th Floor	ر
Coral Gables, FL 33146 (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Bayview Fund Management, LLC — $\rho$	
4425 Ponce de Leon Blvd., 5th Floor	
Coral Gables, FL 33146	
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. (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)  Signature of an authorized person  In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are to im aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Brian E. 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:

Koitere GP, LLC	
If unavailable, the alternate to be u	used in the state of Florida is:
2. The name and the Florida stree	et address of the registered agent and office are:
Brian	E. Bomstein
	(Name)
4425	Ponce de Leon Blvd., 5th Floor
Florida	a Street Address (P.O. Box NOT ACCEPTABLE)
Coral	Gables, FL 33146
	City/State/Zip
liability company at the place desig registered agent and agree to act in statutes relating to the proper and q	gent and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and infas registered agent as provided for in Chapter 605, Florida  Brian E. Bomstein  S 100.00 Filing Fee for Application  S 25.00 Designation of Registered Agent
!	\$ 100.00 Filing Fee for Application

Certificate of Status (optional)

\$ 5.00

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KOITERE 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-SIXTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOITERE GP, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2014.

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

5602396 8300

141226425

jeffrey W Bullock, Secretary of:
AUTHENTY CATION: 1733453

DATE: 09-26-14

You may verify this certificate online at corp.delaware.gov/authver.shtml