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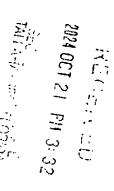
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Office Use Only

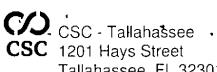


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OCT 21 2924 K 372 702 7



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/21/24 Order #: 1657981-5

Re: Bayview Commercial Real Estate Credit Fund Gp, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$ 160 @ FL State Account Number:

FILE 1ST

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

.

COVER LETTER

SUBJECT:	BAYVIEW COMMERCIAL REAL E	ESTATE CREDIT FUND GP, LLC			
Name of Limited Liability Company					
The enclosed ". Existence, and	Application by Foreign Limited Liability Controls are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please return al	I correspondence concerning this matter to	o the following:			
	CHRISTINE RAYMOND				
		Name of Person			
	c/o BAYVIEW ASSET MANAGEM	MENT, LLC			
	Firm/Company				
	4425 PONCE DE LEON BLVD.				
		Address			
	CORAL GABLES, FL 33146				
	C	ity/State and Zip Code			
	christineraymond@bayview.com				
	E-mail address: (to be	used for future annual report notification)			
For further info	ormation concerning this matter, please cal	l:			
Maris	ssa Schwartz	305 854-8880			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ng Address:	Street Address:			
_	stration Section	Registration Section			
	sion of Corporations	Division of Corporations			
	Box 6327	The Centre of Tallahassee			
Talla	hassee, F1. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP 25.00 Filing Fee \$130.00 Filing Fee Certificate o	e & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee. Certificate			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L L C," or "LLC	
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)		Disregarded Entity / Parent EIN 26-2961971 3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	gistration) e penalty liability)	-	
4425 Ponce de Leon Blvd.		4425 Ponce de Leon Blvd.		
rect Address of Principal Office)	***	6. (Mailing Address)		
Coral Gables, FL 33	146	Coral Gables, FL 33146		
			22	
			-	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	. ,	
	Corneration Corning Company		-	
Name:	Corporation Service Company		- :	
	1201 Hays Street		**	
			rs.	
Office Address:		32301		
Office Address:	Tallahassee (City)	171 milla		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:Brian Bomstein	□Manager	Name: Marissa Schwartz
□Member	Address: 4425 Ponce de Leon Blvd.	□Member	Address: 4425 Ponce de Leon Blvd.
■Authorized	Coral Gables, FL 33146	■ Authorized	Coral Gables, FL 33146
Person		Person	
□Other	Other	□Other	Other
	BAYVIEW ASSET MANAGEMENT, LLC		BAYVIEW FUND MANAGEMENT, LLC
□Manager	Name:	■Manager	Name:
■Member	Address:	□Member	Address: 4425 Ponce de Leon Blvd.
□Authorized	Coral Gables, FL 33146	□Authorized	Coral Gables, FL 33146
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am 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 Bomstrin

77E518200480489::

Signature of an authorized person

BRIAN BOMSTEIN 10/18/24



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

DELAWARE, DO HEREBY CERTIFY "BAYVIEW COMMERCIAL REAL ESTATE CREDIT

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

OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYVIEW COMMERCIAL REAL ESTATE CREDIT FUND GP, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204675018

Date: 10-21-24