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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

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FLORIDA/FOREIGN LP/LLLP  
Babaian & Co., LP

Certificate of Status	0
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Page Count	03
Estimated Charge	\$1,000.00

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Corporate Filing Menu

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K. SALY

JUN 26 2019

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19 JUN 25 AM 5:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Bebaian & Co., LP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware 3. 6/17/2019  
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: \_\_\_\_\_

5. Name of Registered Agent for Service of Process and Florida Street Address:

Vcorp Services, LLC  
5011 South State Road 7, Suite 106  
Davie FL 33314

6. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

7. Principal Office:  
7000 Island Blvd, Unit 504  
Aventura FL 33160

8. Mailing Address:  
7000 Island Blvd, Unit 504  
Aventura FL 33160

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: <u>ANJ Partners LLC</u>	Name of General Partner: _____
Street Address: <u>7000 Island Blvd, Unit 504</u>	Street Address: _____
<u>Aventura FL 33160</u>	_____
Mailing Address: _____	Mailing Address: _____
_____	_____
Name of General Partner: _____	Name of General Partner: _____
Street Address: _____	Street Address: _____
_____	_____
Mailing Address: _____	Mailing Address: _____
_____	_____

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

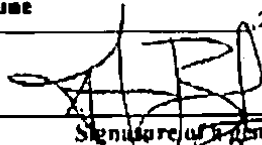
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18th day of June, 2019

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$51.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

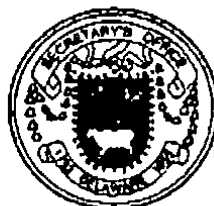
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BABAIAN & CO., LP" 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-FIFTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BABAIAN & CO., LP" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2019.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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SR# 20195641945

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203094351

Date: 06-25-19