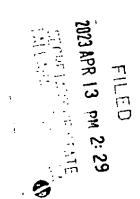
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BHI CONDOS I LIMITED CORP.		
	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this matt	er to the following:	
JENNIFER SHECHTER		
Name o	of Person	
SHECHTER & ASSOCIATES LLP		
Firm/Co	ompany	
4531 PONCE DE LEON BLVD, STE 200		
Ado	iress	
CORAL GABLES, FL 33146		
City/State	and Zip code	
JSHECHTER@SHECHTERASSOCIATES.COM		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
JENNIFER SHECHTER at ( 305	631-2288	
Name of Person Area Co	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMEN  \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	T OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ілс., Со., С	orp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate name ad		ecting business in Florida)		
DELAWARE .	3. <sup>6</sup>	2027007			
	3	(FEI number, if applicable)			
. <u>12/20/2021</u>	5	(Date of duration, if ot			
•	of incorporation)	(Date of duration, if ot	her than perpetual)		
UPON QUALI:	FICATION				
	(Date first transacted business in F (SEE SECTIONS 607.150) & 607.150				
1209 ORANGE	STREET, WILMINGTON, DE 19801	•	•		
•	(Principal office	street address)	<del></del>		
	(Current mailing	address, if different)			
	(Current mailing	address, if different)	·		
. Name and <u>stre</u>	(Current mailing et address of Florida registered agent: (P.O.		20		
3. Name and stree	·		2023 AF		
Name:	et address of Florida registered agent: (P.O.)		2023 APR 1		
Name:	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP	Box NOT acceptable)	2023 APR 13 1		
Name:	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP 4531 PONCE DE LEON BLVD, STE 200		2023 APR 13 PM		
Name: Office Address:	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP  4531 PONCE DE LEON BLVD, STE 200  CORAL GABLES  (City)	Box <u>NOT</u> acceptable)	2023 APR 13 PM 2: 1		
Name: Office Address: Registered ag	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP  4531 PONCE DE LEON BLVD, STE 200  CORAL GABLES  (City)	Box NOT acceptable)  Florida 33146(Zip code)	2023 APR 13 PH 2: 29 local transfer of the corporation of the corporat		
Name:  Office Address:  Registered aglaving been namesignated in this	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP  4531 PONCE DE LEON BLVD, STE 200  CORAL GABLES  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable)  Florida 33146 Cip code)  of process for the above stant as registered agent and a	gree to and this capacity.		
Name:  Office Address:  Registered agilaving been names in this in this in the contract of the	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP  4531 PONCE DE LEON BLVD, STE 200  CORAL GABLES  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable)  Florida 33146 Florida (Zip code)  of process for the above stant as registered agent and attive to the proper and com	gree to and this capacity.		
Name:  Office Address:  Registered agilaving been names in this in this in the contract of the	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP  4531 PONCE DE LEON BLVD, STE 200  CORAL GABLES  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable)  Florida 33146 Florida (Zip code)  of process for the above stant as registered agent and attive to the proper and com	gree to and this capacity.		
Name:  Office Address:  Registered agilaving been namelesignated in this buther agree to contact the second	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP  4531 PONCE DE LEON BLVD, STE 200  CORAL GABLES  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable)  Florida 33146 Florida (Zip code)  of process for the above stant as registered agent and attive to the proper and com	gree to and this capacity.		
Name:  Office Address:  It is a second and a second address:  Office Addre	et address of Florida registered agent: (P.O. SHECHTER & ASSOCIATES LLP  4531 PONCE DE LEON BLVD, STE 200  CORAL GABLES  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable)  Florida 33146 Florida (Zip code)  of process for the above stant as registered agent and attive to the proper and com	gree to and this capacity.		

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

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS							
□ Chairman	Name:	□ Chai <del>rm</del> an	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director	MARINA - AL BATEEN	Director					
□President	ABU DHABI 00000 AE	□President					
□Vice President		□Vice President					
Secretary	Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	Other		Other			
□Chairman □Vice Chairman □Director □ President □Vice President	Name: NABIL KOBEISSI  THE ABU DHABI EDITION Address: MARINA - AL BATEEN ABU DHABI 00000 AE	□Chairman □Vice Chairman □Director □President □Vice President	Address:				
☐ Secretary	☐Treasurer	☐ Secretary		☐ l'reasurer			
Other	□Other	Other		Other			
□ Director  □ President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Address:				
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer			
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.  12.  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.  WAYNE LANDING. DIRECTOR							

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BHI CONDOS 1 LIMITED CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D.

2023.



Authentication: 203003707

Date: 03-25-23