

MA1000010627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

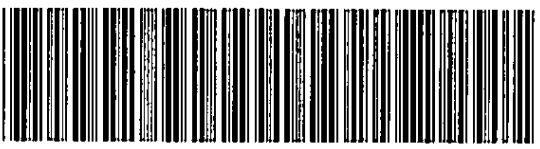
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JUL 26 2021

FILED
21 AUG 09 AM 10:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

MA-10000106325

TJ
8/17/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Bayside Group LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hannah Nancy Nieh
Name of Person
The Bayside Group LLC
Firm/Company
2949 Homasassa Road
Address
Sarasota FL 34239
City/State and Zip Code
hannahnieh@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hannah Nancy Nieh at (+44 425) 7465863728 890-8636
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**
 \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2021

NIEH please correct typo
HANNAH N NICH
2949 HOMASASSA RD
SARASOTA, FL 34239

SUBJECT: THE BAYSIDE GROUP LLC
Ref. Number: W21000106325

We have received your document for THE BAYSIDE GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 221A00017729

RECEIVED
AUG 09 2021

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. The Bayside Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

The Bayside Group Florida LLC
(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. Wyoming (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. 5/31/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2949 Homasassa Road Sarasota FL 34239 (Street Address of Principal Office)
6. 2949 Homasassa Road Sarasota FL 34239 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: susan Nieh

Office Address: 2949 Homassasa Road

Sarasota, Florida 34239
(City) (Zip code)

FILED
21 AUG 09 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

Susan Nieh
(Registered agent's signature)

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:**

Manager Name: Hannah Nancy Nieh

Member Address: 2949 Homasassa Road Sarasota

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Daniel Steven Bactol

Member Address: 10-01 524 Kampong Bharu Rd

Authorized Singapore 099455

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Tristan Zachary Stadlin-Robbie

Member Address: 12 Marbleford Court, 123 Horn

Authorized Highgate, London N65NJ UK

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____


Person _____

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.

DocuSigned by


 Signature of an authorized person

Hannah Nancy Nieh

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

The Bayside Group LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 21, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000918136**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of July, 2021 at 8:14 AM. This certificate is assigned ID Number 045871534.



Edward A. Buchanan
Secretary of State

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

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The Bayside Group Florida LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The name of the Foreign Limited Liability Company, _____)

2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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(Date first transacted business in Florida, if prior to registration.)
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Title or Capacity: **Name and Address:**

Manager Name: Hannah Nancy ~~Lee~~ Nieh

Member Address: 2949 Homasassa Road Sarasota

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Tristan Zachary Stadlin-Robbie

Member Address: 12 Marbleford Court, 123 Horn

Authorized Highgate, London N65NJ UK

Person _____

Other _____ Other _____

Manager Name: Daniel Steven Bactol

Member Address: 10-01 524 Kampong Bharu Rd

Authorized Singapore 099455

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____


Person _____

Other _____ Other _____

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Hannah Nancy Nieh

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