

A16000000027

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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2016 JAN -8 PM 4:07

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
BAP ANTIGUA, LTD.

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

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TALLAHASSEE, FLORIDA

16 JAN -8 AM 9:22

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. BAP ANTIGUA, LTD.

*(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 L.L.L.P.*

2. 2601 S. Bayshore Drive, Suite 1000

(Street address of initial designated office)

Miami, FL 33133

3. Registered Corporate Services LLC

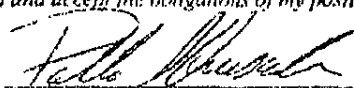
(Name of Registered Agent for Service of Process)

4. 201 Alhambra Circle Ste 1205

(Florida street address for Registered Agent)

Coral Gables, FL 33134

5. *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

6. 2601 S. Bayshore Drive Ste 1000

(Mailing address of initial designated office)

Miami, FL 33133

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

BAP Development Group, LLC

2601 S. Bayshore Drive Ste 1000

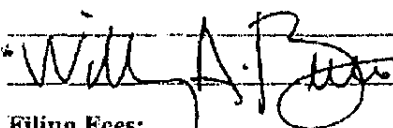
Miami, FL 33133

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 8th day of January 2016

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We are 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.



Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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TALLAHASSEE, FLORIDA

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