

A170000000663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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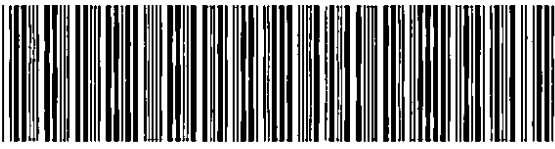
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. WARREN  
DEC 22 2017

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE:** 12/21/17

**NAME:** BAYONET POINT EB-5 FUND, LP

**TYPE OF FILING:** CERTIFICATE OF LIMITED PARTNERSHIP

**COST:** 1,052.50 - *check is attached*

**RETURN:** CERTIFIED COPY PLEASE

17 DEC 21 PM 3:25

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~~ACCOUNT~~ FCA000000015

~~AUTHORIZATION~~ ABBIE/PAUL HODGE

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

1. Bayonet Point EB-5 Fund, 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 L.L.P.*

2. 6903 Congress Street

(Street address of initial designated office)

New Port Richey, FL 34653

3. Vijay Patel

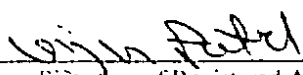
(Name of Registered Agent for Service of Process)

4. 14106 US Highway 19

(Florida street address for Registered Agent)

Hudson, FL 34667

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 Vijay Patel

6. 6903 Congress Street

(Mailing address of initial designated office)

New Port Richey, FL 34653

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

8. Name and business address of each general partner:

Name:

Business Address:

Dhruv Management LLC

6903 Congress Street

New Port Richey, FL 34653

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 20<sup>th</sup> day of December, 2017.

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

Vign Patel

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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FLORIDA