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OCT 26 2022

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/26/22

NAME: BAYONET POINT EB-5 FUND II, LP

TYPE OF FILING: CERTIFICATE OF LIMITED PARTNERSHIP

COST: 1,052.50 - *Check attached*

RETURN: CERTIFIED COPY PLEASE

~~ACCOUNT: ECA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

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

1. Bayonet Point EB-5 Fund II, 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.

2. 303 SW 8th Street, Suite 1
(Street address of initial designated office)
Ocala, Florida, 34471

3. TRAC – The Registered Agent Company
(Name of Registered Agent for Service of Process)

4. 236 E. 6th Avenue
(Florida street address for Registered Agent)
Tallahassee, FL 32303

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.*

TRAC – The Registered Agent Company

By: /s/ Brian Smith, Asst Secretary of TRAC-The Registered Agent Company

Signature of Registered Agent

6. 303 SW 8th Street, Suite 1
(Mailing address of initial designated office)
Ocala, Florida, 34471

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:

Dhruv Management, LLC

303 SW 8th Street, Suite 1

Ocala, Florida, 34471

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.)

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.

Signed this 20th day of October, 2022

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.

Signature

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75