Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000333200 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**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 BWB NORTH PALM BEACH, LP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR

LIMITED LIABILITY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership, which most include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership uffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP	
1201 US Highway 1. Units 3 & 4.	_
(Street address of initial designated office) North Palm Beach, Florida 33408	_
Corporate Creations Network Inc.	
(Name of Registered Agent for Service of Process) 801 US Highway 1	-
(Florida street address for Registered Agent) North Palm Beach, F1, 33408	-
. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to ith the provisions of all statutes relative to the proper and complete performance of my duties, and I am fight and accept the obligations of my position as registered agent.	
Saray Djidji, Special Secretary	2023 SEP 21
Signature of Registered Agent	SEi
400 Clematis Street, Suite 201, West Palm Beach FL 32401	~
(Mailing address of initial designated office)	1 PM 4: 02

Page 1 of 2

8. Name and business address of e <u>Name:</u>	Business Address:		
BWB Restaurant Fund No. 1 GP, LLC	400 Clematis Street	Suite 201	
	West Palm Beach, F	FL 33401	
9. Effective date, if other than the			
(Effective date cannot be prior to nathe Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do	ck does not meet the applie	cable statutory filing requirements.	
Signed this 15th	day of September	. 2023	
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a tl	that any false information s	submitted in a document to the	
	BWB Restaurant	Fund No. 1 GP, LLC	
	Per:	Managei .	
	Daniel Smith, Ma	nager	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee \$52.50 \$8.75	and \$35 Registered Agent Fee)	

Page 2 of 2