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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

K. SALY

JUN - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY ISLES ASSOCIATES, LLLP, a Virgin Islands limited liability limited partnership
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

ELITA KRUMS KANE

Contact Person

EKK MANAGEMENT, LLC a Florida limited liability company

Firm/Company

614 Owl Drive South

Address

Sarasota, Florida 34236

City, State and Zip Code

elita@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elita Krums Kane at (**941**) **400-0740**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input checked="" type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. BAY ISLES ASSOCIATES, LLLP, a Virgin Islands limited liability limited partnership

(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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. U.S. Virgin Islands

State or Country of Formation

3. January 31, 2002

Date of Formation

4. Federal Employer Identification Number: 66-0748188

5. Name of Registered Agent for Service of Process and Florida Street Address:

Robert E. Messick, Esq.

2033 Main Street, Ste 600

Sarasota, Florida 34237

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TALLAHASSEE, FLORIDA

6. 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

7. Principal Office:

4-B Cruz Bay

St. John

U.S. Virgin Islands 00830

8. Mailing Address:

614 Owl Drive South

Sarasota, Florida 34236

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: EKK MANAGEMENT, LLC

Name of General Partner: _____

Street Address: 614 Owl Drive South

Street Address: _____

Sarasota, Florida 34236

Mailing Address: 614 Owl Drive South

Mailing Address: _____

Sarasota, Florida 34236

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____
 Mailing Address: _____ Mailing Address: _____

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11. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 2nd day of June, 2017.


 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR**

CERTIFICATE OF EXISTENCE

To Whom These Presents Shall Come:

I, OSBERT E. POTTER, Lieutenant Governor of the Virgin Islands do hereby certify that I am, by virtue of the laws of the Virgin Islands, the custodian of the corporate records and the proper officer to execute this certificate.

I further certify that the records of this office disclose that

BAY ISLES ASSOCIATES LIMITED LIABILITY LIMITED PARTNERSHIP

was duly registered to conduct business in the Territory on January 31, 2002 and has a legal existence as a Limited Liability Limited Partnership so far as the records of this office show.

In Witness Whereof, I have hereunto set my hand and affix the seal of the Government of the United States Virgin Islands, at Charlotte Amalie, this 11th day of May, A.D., 2017



OSBERT E. POTTER
Lieutenant Governor of the Virgin Islands



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