B17000000143

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
1.38 1.0803							
Office Use Only							
Office Use Only							



700299974297

06/06/17--01004--019 **1008.75

FILED

SECRETARY OF STATE

K. SALY JUN - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY ISLES ASSOCIATES, LLLP, a Virgin Islands limited liability limited partnershp

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:

FΙ	ΙΤΔ	KR	UMS	KΔ	NE
ᆫᆫ	-	$1 \times 1 \times 1$		1	I V I

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

,941

400-0740

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent \$1,008.75 Filing Fees and Certificate of Status □ \$1,052.50 Filing Fees and Certified Copy

☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Fee)

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

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. 3 January 31, 2002 ₂ U.S. Virgin Islands State or Country of Formation 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 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 8. Mailing Address: 7. Principal Office: 4-B Cruz Bay 614 Owl Drive South Sarasota, Florida 34236 St. John U.S. Virgin Islands 00830 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:______ 614 Owl Drive South Street Address: 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		age 1 of 2 Name of General Partner:	FILE
Street Address:		Street Address:	2017 JUN
			SECRETARY OF STATE
Mailing Address:		Mailing Address:	SEE, FLORIDA
(Effective date cannot be price 12. Attached is a certificate of	han the date of filing:	e date this document is filed by the more than 90 days prior to the deli	very of this application to the
Signed this 2nd	_{day of} June	, ₂₀ <u>17</u>	
	Elfa Signature	Kruns Kane 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

Page 2 of 2

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

CERTIFICATE OF EXISTENCE

To Whom These Presents Shall Come:

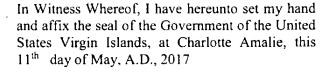


I, OSBERT E. POTTER, Lieutenant Governor of the Virgin Islands do hereby certify that I am, by virtue of the laws of the Virgin Islands, the custodian of the corporate records and the proper officer to execute this certificate.

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.



OSBERT E. POTTER

Lieutenant Governor of the Virgin Islands

