

BIG NUMBROS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

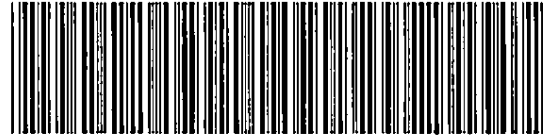
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 APR 26 A 2:37

CLERK OF DISTRICT COURT

RECEIVED

19 APR 26 PM 1:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
STAL ALABAMA, FLORIDA

4/29/19 QS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 741808 4373439

AUTHORIZATION

COST LIMIT : \$1000.00

ORDER DATE : April 26, 2019

ORDER TIME : 11:23 AM

ORDER NO. : 741808-005

CUSTOMER NO: 4373439

FILED
2019 APR 26 A 2:37
TALLAHASSEE, FL 32301

FOREIGN FILINGS

NAME: BAYMOUNT ONSHORE FUND I LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

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

1. Baymount Onshore Fund I 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.

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. Delaware

3. 04/08/2019

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: _____

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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.

Corporation Service Company

By: _____

Lydia Cohen

Asst. Vice President

Signature of Registered Agent

7. Principal Office:

404 Washington Avenue

Suite 705

Miami Beach, FL 33139

8. Mailing Address:

404 Washington Avenue

Suite 705

Miami Beach, FL 33139

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: Baymount Capital Management LLC

Name of General Partner: _____

Street Address: 404 Washington Avenue

Street Address: _____

Suite 705, Miami Beach, FL 33139

Mailing Address: 404 Washington Avenue

Mailing Address: _____

Suite 705, Miami Beach, FL 33139

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: _____

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.)

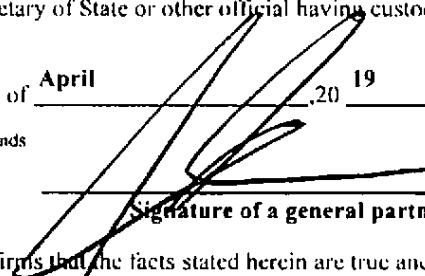
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 26 day of April, 2019

General Partner: Baymount Funds
GP LLC

By: Andrew Casino
Title: Authorized Person



Signature of a general partner

The individual signing this document affirms 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:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

FILED

2019 APR 26

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAYMOUNT ONSHORE FUND I LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYMOUNT ONSHORE FUND I LP" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 APR 26 A 2:37

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Jeffrey W. Bullock, Secretary of State

7363812 8300

SR# 20193225872

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202717265

Date: 04-26-19