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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: VCORP SERVICES, LLC Account Name

Account Number : 120080000067 Phone

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Cilia	11	AUUI CSS.

## FLORIDA/FOREIGN LP/LLLP

Babaian & Co., LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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Corporate Filing Menu

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K. SALY JUN 26 2019

1,

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

, Babaian & Co., LP			14.0
Acceptable Limited P	artnership suffixes: Limited Parine	bility Limited Partnership, which must include suffix) rship, Limited, L.P., LP, or Lid.  Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable	name under which the limited part business in Flor	nership or limited liability limited partnership proposes to regis rida; must contain acceptable suffix.	iter to transact
2 Delaware		3. 6/17/2019	
Sta	ite or Country of Formation	Date of Formation	
4. Federal Employee	r Identification Number.		
5. Name of Registers	nd Agent for Service of Process an	d Florida Street Address:	
Vcorp Services, LLC	}		
5011 South State Ros	ad 7, Suite 106		
Davio FL 33314			
6. I hereby accept the of all statutes relamble my position as regi	itve to the proper and complete perf istered agent.	nd agree to act in this capacity. I further agree to comply with formance of my duties, and I am familiar with and accept the o	bligations of
	Signa	ture of Registered Agent	
7. Principal Office:		8, Mailing Address:	
7000 Island Blvd, Unit 504		7000 Island Blvd, Unit 504	
Aventura FL 33160		Aventura FL 33160	
	rship is a limited liability limited p		
Name of General	Partner: ANJ Partners LLC	Name of General Partner:	
Street Address:	7000 Island Blvd, Unit 504	Street Address:	
	Aventura FL 33160		
Mailing Address		Mailing Address:	
Name of General	Partner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address		Mailing Address:	

Page I of 2

2019 12:07	(FAX)845 818 3588 F/( F.D)
	19 JUN 25
	19 JUN 25 AH 5: 3,
	TALLAHASSEE, FLORIDA
Name of General Partner;	
Street Address:	Street Address:

11. Effective dute; if other than the date of filing:	<u></u> _
(Effective date cannot be prior to nor more than 90 da	rye after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet t	he applicable statutory filing requirements, this date will not be listed as the
document's effective date on the 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 \_\_\_

Mailing Address: Mailing Address:

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 follows as provided for in a.817.155, F.S.

> Filing Fces: Certified Copy (optional): Certificate of Status (optional):

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

\$51,50 \$8,75

Page 2 of 2

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BABAIAN & CO., 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-FIFTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BABAIAN & CO.,

LP" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2019.

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

19 JUN 25 AH 5: 3-

Authentication: 203094351

Date: 06-25-19

7471426 8300

SR# 20195641945

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