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(((H190003424913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**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 **B3PG** Enterprises, LLLP

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Division of Corporations

December 2, 2019

CT CORPORATION SYSTEM

SUBJECT:

REF: H19000342491

We have received your document for . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unable to correctly read the general partner's name.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

FAX Aud. #: H19000342491 Mel Solomon

Regulatory Specialist II Supervisor Letter Number: 019A00024337

13 JAT - 6/2 VIEW Worker Kilome Child

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

1. BIPL Enterprises, LLCP	a transfer of the state of the
(Name of Limited Partnership or Limited Liability Lim Acceptable Limited Partnership suffixes: Limited Partnership, Limited Acceptable Limited Liability Limited Partnership suffixes: Limited	ted, L.P., I.P. or Ltd.
If name unavailable, name under which the limited partnership or business in Florida; must	contain accentable suffix.
2. North Caroling State or Country of Formation	Date of Formation
4. Pederal Employer Identification Number 47 - 100	11 12
5. Name of Registered Agent for Service of Process and Florida C'T Corporation System	Street Address:
1200 South Pinc Island Road	V 22 ASSI
Plantation, Florida 33324	
6. Thereby accept the appointment as registered agent and agree to of all stanues relative to the proper and complete performance of my position as registered agent. By: CT Corporation	out in this capacity. I further agree to comply with the provisions of my thirties, and I am familiar with and accept the offications of James M. Halpin assisted Agent Assistant Secretary
Signature of Re	gistifed Agent O Assistant Secretary
7. Principal Office: 8. M	ailing Address: 08 Pinchurst Dr
Chapel Hill, NC 27517	Chapel Hill, NC 27517
9. If limited partnership is a limited limbility limited partnershi	
Brice Englert	Name of Concent Partner
Sirved Address: 908 Pinchurst Dr. Chapel Hill, Wc 27517	Street Address:
Mulling Address:	Mailing Address:
Name of General Partner:	Name of General Partners
	Street Address:
Mailing Address:	Mailing Address:
Page	1 of 2

The state of the s

Name of General Partner:	Name of General Pariner:
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 Note: If the date inserted in this block does not meet the appli- document's effective date on the Department of State's record	r the date this document is filed by the Florida Department of tate.) icable statutory filing requirements, this date will usube listed as the
Florida Department of State, by the Secretary of State or other the law of which it is organized.	not more than 90 days prior to the delivery of this application to the artificial having custody of the entity's records in the jurisdiction under
Signed this day of Nov.	20 19 CORIDA
Signatu	Brice Englert Brice Englert
The individual signing this document affirms that the facts sta	ated herein are true and the individual is aware that false information

Page 2 of 2

\$52.50

\$8,75

\$1,000,00 (\$965 Filling Fee and \$35 Registered Agent Fee)

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.\$17.155, F.S.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

B3PG ENTERPRISES, LLLP

is a registered limited liability limited partnership regularly created, organized and existing under the laws of the state of North Carolina, having filed a Certificate of registered limited liability limited partnership in my office on the 3rd days of June, 2014.

FURTHER certify that the aforesaid registered limited liability limited partnership has not filed a Certificate of Cancellation with this office as off the date set forth hereunder.





Scan to verify online.

Elaine I Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of November, 2019.

Secretary of State