(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phor	ne #)		
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(Bu	siness Entity Na	me)		
(Document Number)				
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19 DEC 13 PM 2: 17





December 2, 2019

CHUCK GRAVALLESE 6400 W. BOYNTON BEACH BLVD. STE:740486 BOYNTON BEACH, FL 33474

SUBJECT: BDC FUND I COINVEST 1 LP

Ref. Number: W19000103525

We have received your document for BDC FUND I COINVEST 1 LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 619A00024378

RECEIVED
DEC 1 3 2019





6400 W Boynton Beach Blvd, Ste 740486 Boynton Beach, FL 33474

To: Yvette Scott

From: Chuck Gravallese

RE: BDC Fund I Coinvest 1 LP

W19000103525

Good Afternoon,

I wanted to reach out to you to let you know that I was informed the incorrect General Partne Was entered on the original document submitted. Please see this new document.

Thanks

Charles Gravallese

COVER LETTER

Tallahassee, FL 32301

TO: Registration Section Division of Corporations					
BDC Fund I Coinvest 1	LP				
SUBJECT: Name of Foreign	Limited Partnership or Limited	Liability Limited Partn	ership		
The enclosed application, certificate of partnership to transact business in Flo Please return all correspondence conditions.	orida.	o register a foreign limit	ted partnership or I	limited liability lim	ii ted
Chuck Gravallese					
Contact f	Person	_			
Black Dragon Capital			, ,		
Firm/Cor	npany	_	ALL:	2015	
6400 W Boynton Beach Blvd, Ste 74	0486		AP.	1	
Addr	ess	_ _	ASS		
Boynton Beach, Fl 33474			LAHASSEE.		
City, State and	l Zip Code	_	<u> </u>	3	
cgravallese@blackdragoncap.com			OR.	ÿ □	
E-mail address: (to be used for futu	re annual report notification)	_	IDA	17	
For further information concerning th	is matter, please call:				
chuck gravallese	at (389-1577			
Name of Contact Person		and Daytime Telephone	Number		
Enclosed is a check for the following	amount:				
\$1,000.00 Filing Fees \$1,008 (\$965 Filing Fee and \$35 Registered Agent Status Fee)	3.75 Filing Fees \$1,052.50 Fertificate of and Certifie	ed Copy Certified	5 Filing Fee, I Copy, and te of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING AD Registration Se Division of Cor P. O. Box 6327 Tallahassee, FL	ction porations			

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

BDC Fund I Coinvest 1 LP	
Acceptable Limited Partnership suffixes: Limited Parti	Liability Limited Partnership, which must include suffix) onership, Limited, L.P., LP, or Ltd. ses: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	artnership or limited liability limited partnership proposes to register to transact florida; must contain acceptable suffix.
2. Delaware	3. 10.11.19
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number 84-3357	7167
5. Name of Registered Agent for Service of Process	
Charles Gravallese	
6400 W Boynton Beach Blvd, STE 740486	
Boynton Beach, Fl 33474	
of all statutes relative to the proper and complete ne my position as registered agent.	t and agree to act in this capacity. I further agree to comply with the provisions erformance of my duties, and I am familiar with and accept the obligations of which will be a second to the control of
7. Principal Office:	8. Mailing Address:
6400 W Boynton Beach Blvd, STE 740486	6400 W Boynton Beach Blvd, STE 740486
Boynton Beach, FL 33474	8. Mailing Address: 6400 W Boynton Beach Blvd, STE 740486 5 Boynton Beach, FL 33474
9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing add	d partnership, check box. dress of each general partner:
Name of General Partner: Black Dragon Capital Ll	
Street Address: 6400 W Boynton Beach Blvd, ST	TE 740486 Street Address:
Boynton Beach, FL 33474	
Mailing Address: 6400 W Boynton Beach Blvd, ST	TE 740486 Mailing Address:
Boynton Beach, Fl 33474	
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Pa	rtner:	Name of General Partner:_	
Street Address:		Street Address:	
Mailing Address:			
Note: If the date inserte	her than the date of filing: Filing be prior to nor more than 90 days aft d in this block does not meet the appete on the Department of State's reco	er the date this document is filed by the plicable statutory filing requirements,	he Florida Department of State.) this date will not be listed as the
the law of which it is or	state, by the Secretary of State or off ganized.	not more than 90 days prior to the de ner official having custody of the enti	elivery of this application to the ty's records in the prisdiction under
Signed this	day of December	.20 2019	1888 - 3
•	day of December	m(17,6)	PH 2:17
	Signa	ture of a general partner	2:1
		stated herein are true and the individu ites a third degree felony as provided	al is aware that false information
Certi	Fees: fied Copy (optional): ficate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$3 \$52.50 \$8.75	35 Registered Agent Fee)

Page 2 of 2



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BDC FUND I COINVEST 1, L.P." 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 FOURTH DAY OF DECEMBER, A.D. 2019.

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

2019 DEC 13 PM 2: 17
TÄLLÄHÄSSEE, FLORIGA

7641768 8300 SR# 20198419406 Authentication: 204130645

Date: 12-04-19