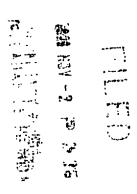
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PICK-UP	☐ WAIT	MAIL	
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## COVER LETTER

Division of Corporations			*	
SUBJECT: Ben Hamou Benchetrit Law Group LP				
Name of Foreign Limited Partn	ership or Limite	d Liability L	imited Partnership	
The enclosed application, certificate of status and fer partnership to transact business in Florida.  Please return all correspondence concerning this male		to register a	foreign limited partnership or limited liability limit	ed
Jean-Noel Ben Hamou				
Contact Person				
Ben Hamou Benchetrit Law Group LP				
Firm/Company				
20801 Biscayne Blvd, Suite 403				
Address				
Aventura, Florida, 33180				
City, State and Zip Code		_		
jbenhamou@bhlg.com				
E-mail address: (to be used for future annual repor	t notification)	<del></del>		
For further information concerning this matter, pleas	se call:			
Jean-Noel Ben Hamou	at ( <sup>404</sup>	202-311	15	
Name of Contact Person		and Daytim	ne Telephone Number	
Enclosed is a check for the following amount:				
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	□\$1,052.50 F and Certific		■\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Division	ddress: ation Section n of Corporations ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314

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

Ben Hamou Benchetrit Law Group 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 December 19, 2006 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 11-37982995. Name of Registered Agent for Service of Process and Florida Street Address: Jean-Noel Ben Hamou 20801 Biscayne Blvd, Suite 403 Aventura, Florida, 33180 6. Thereby 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. 7. Principal Office: 8. Mailing Address: 20801 Biscayne Blvd, Suite 403 20801 Biscayne Blvd, Suite 403 Aventura, Florida, 33180 Aventura, Florida, 33180 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Jean-Noel Ben Hamou \_\_\_\_ Name of General Partner: 20801 Biscayne Blvd, Suite 403 Street Address: Street Address: Aventura, Florida, 33180 Mailing Address: Mailing Address: Name of General Partner:\_\_\_\_\_\_\_Name of General Partner:\_\_\_\_\_\_ \_\_\_\_\_\_ Street Address: \_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_

## Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	90 days after the date this document is filed by the Florida Department of State.) meet the applicable statutory filing requirements, this date will not be listed as the
	thenticated, not more than 90 days prior to the delivery of this application to the State or other official having custody of the entity's records in the jurisdiction under
Signed this 21 day of Oc	ober,20 <u>20</u>
	Signature of a general partner
The individual signing this document affirms the	at 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



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

DELAWARE, DO HEREBY CERTIFY "BEN HAMOU BENCHETRIT LAW GROUP 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-FIRST DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEN HAMOU BENCHETRIT LAW GROUP LP" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2006.

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

at corp.delaware.gov/aut

Authentication: 203911207

Date: 10-21-20