

B210000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

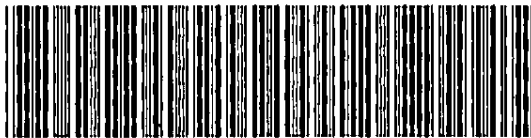
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000005834

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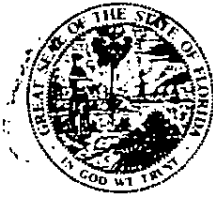


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2021 JAN 26 PM 4:55
SEC. TAYLOR STATE
TALLAHASSEE, FL

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1/26/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2021

LORI KANIUK
2255 GLADES ROAD
SUITE 321A
BOCA RATON, FL 33431

SUBJECT: B-SMITH ENTERPRISES, L.P.
Ref. Number: W21000005834

We have received your document for B-SMITH ENTERPRISES, L.P. and your check(s) totaling \$1000.00. 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.

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: 321A00001386

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B-Smith Enterprises, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Lori Kaniuk
Contact Person
CBIZ MHM LLC
Firm/Company
2255 Glades Road, Suite 321A
Address
Boca Raton, FL 33431
City, State and Zip Code
lkaniuk@cbiz.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Kaniuk at (561) 992-6117
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fee (965 Filing Fee and 335 Registered Agent Fee)
☐ \$1,008.75 Filing Fees and Certificate of Status
☐ \$1,052.50 Filing Fees and Certified Copy
☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

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

1. B-Smith Enterprises, L.P.

(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. Nevada

State or Country of Formation

3. 11/13/2007

Date of Formation

4. Federal Employer Identification Number 26-1596185

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

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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TALLAHASSEE, FL

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.

Christine Kern
Registered Agent

Signature of Registered Agent

7. Principal Office:

c/o CBIZ MHM LLC

2255 Glades Road, Suite 321A

Boca Raton, FL 33431

8. Mailing Address:

c/o CBIZ MHM LLC

2255 Glades Road, Suite 321A

Boca Raton, FL 33431

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: B Smith GP LLC

Name of General Partner: _____

Street Address: 2255 Glades Road, Suite 321A

Street Address: _____

Boca Raton, FL 33431

Mailing Address: 2255 Glades Road, Suite 321A

Mailing Address: _____

Boca Raton, FL 33431

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

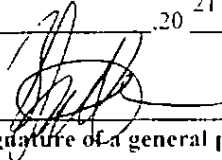
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 01/01/2021
(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 7th day of January, 2021



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:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **B-SMITH ENTERPRISES, L.P.**, as a DOMESTIC LIMITED PARTNERSHIP (88) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/08/2006, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED PARTNERSHIP (88) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202101221370259

You may verify this certificate
online at <http://www.nvsos.gov>

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SECRETARY OF STATE
JAN 26 2021