

B21000000047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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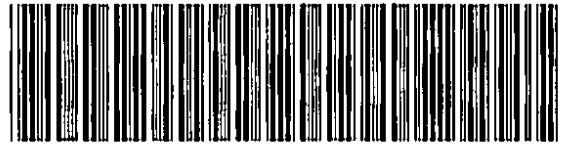
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

US  
2/1/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAMCapI LP

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:

Michael Blackham

Contact Person

Fund Law Group PPLC

Firm/Company

6510 Millrock Dr STE 400

Address

Holladay, UT 84121

City, State and Zip Code

michael@fundlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Blackham

at ( 385 ) 297-8048

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  
\$35 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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TALLAHASSEE, FL  
DIVISION OF STATE  
CORPORATIONS

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

1. BAMCap1 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. 1/4/2021

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 86-1383686

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

Registered Agents Inc.

7901 4th St N STE 300

Petersburg, FL 33702

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.

/s/ Bill Havre

Signature of Registered Agent

7. Principal Office:

8600 NW 17 Street #140

Miami, FL 33126

8. Mailing Address:

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: BAMCap1 GP LLC

Name of General Partner: \_\_\_\_\_

Street Address: 8600 NW 17 Street #140

Street Address: \_\_\_\_\_

Miami, FL 33126

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

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: \_\_\_\_\_

(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 22<sup>nd</sup> day of January, 20 21

\_\_\_\_\_  
Signature of a general partner

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BAMCAP1 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 SEVENTH DAY OF JANUARY, A.D. 2021.

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OFFICE OF STATE  
TREASURER, FL



4664044 8300

SR# 20210047102

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202241652

Date: 01-07-21

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF "BAMCAP1 LP",  
FILED IN THIS OFFICE ON THE SEVENTH DAY OF JANUARY, A.D. 2021,  
AT 11:29 O'CLOCK A.M.

FILED  
2021 JAN 27 PM 2:31  
OFFICE OF STATE  
TALLAHASSEE, FL



  
Jeffrey W. Bullock, Secretary of State

4664044 8100  
SR# 20210047102

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202241651  
Date: 01-07-21

CERTIFICATE OF LIMITED PARTNERSHIP

OF

BAMCAP1 LP

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Pursuant to Section 17-201 of the Delaware  
Revised Uniform Limited Partnership Act

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FIRST: The name of the limited partnership is "BAMCap1 LP"

SECOND: The address of its registered office in the state of Delaware is 8 The Green, STE A, Dover, DE 19901, and the name of the registered agent at such address is A Registered Agent Inc.

THIRD: The name of the sole general partner is BAMCap1 GP LLC, a Delaware limited liability company. The business address of the general partner is 8600 NW 17 Street #140, Miami, FL 33126.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership as of the date listed below.

BAMCAP1 LP

By: BAMCap1 GP LLC, General  
Partner

By: /s/ Roberto Saint-Malo

Name: Roberto Saint-Malo

Title: Manager

Date: January 7, 2021

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SECRETARY OF STATE  
DELAWARE