Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000172600 3)))



H210001726003A8CT

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017

: (855)498-5500

Phone

Fax Number

: (800)432-3622

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 BA CLEMATIS BANYAN, LP

PLEASE FILE SECOND, AFTER THE QUAL. FOR **BA CLEMATIS BANYAN GP, LLC**

T.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

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Taylor Seay 8004323622

Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BA Clematis Banyan, LP	
Name of Foreign Limited Parts	ership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma	es are submitted to register a forcign limited partnership or limited liability limited tter to:
Christina T. Rodriguez	
Contact Person	
c/o Haynes and Boone, LLP	
Firm/Company	
2323 Victory Avenue, Suite 700	
Address	
Dallas, Texas 75219	
City, State and Zip Code adam@midnightholdings.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, pleas	e call:
Adam Demark	at (917) 514.6546
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 Certified Copy, and Certificate of Status
Mailing Address:	Street Address;
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

.

Taylor Seay 8004323622

(04/06) 04/29/2021 01:15:37 PM H21000172600 3 FILED 2021 APR 29 AH 8: 35 PARTNERSHIP OR PARTNERS

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

	- 1 ₁ .					
Acceptable Limited Partnership suffixes: Limited	ted Liability Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.					
If name unavailable name under which the limit	ed partnership or limited liability limited partnership proposes to register to transact					
	in Florida; must contain acceptable suffix.					
2. Delaware	3. April 28, 2021					
State or Country of Formation	Date of Formation					
Federal Employer Identification Number:	None					
5. Name of Registered Agent for Service of Pro Adam Demark	cess and Florida Street Address:					
440 Royal Palm Way, Suite 100						
Palm Beach, Florida 33480						
	agent and agree to act in this capacity. I further agree to comply with the provisions at eperformance of my duties, and I am familiar with and accept the obligations of standard Demark					
	Signature of Registered Agent					
. m / 1 1.000	8. Mailing Address:					
, Principal Office:	8. Mailing Address:					
440 Royal Palm Way, Suite 100	8. Mailing Address: 440 Royal Palm Way, Suite 100					
7. Principal Office: 440 Royal Palm Way, Suite 100 Palm Beach, Florida 33480	•					
410 Royal Palm Way, Suite 100	440 Royal Palm Way, Suite 100					
410 Royal Palm Way, Suite 100	440 Royal Palm Way, Suite 100 Palm Beach, Florida 33480					
440 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 If limited partnership is a limited liability lim	440 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 mited partnership, check box. □					
440 Royal Palm Way, Suite 100 Palm Beach, Florida 33480	A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 mited partnership, check box. □ address of each general partner:					
440 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 If limited partnership is a limited liability lin Name, principal office address, and mailing	A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 mited partnership, check box. □ address of each general partner: anyan GP, LLC Name of General Partner: Suite 100 Street Address:					
A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 If limited partnership is a limited liability lim Name, principal office address, and mailing Name of General Partner: BA Clematis Be Street Address: 440 Royal Palm Way, Palm Beach, Florida 3	A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 mited partnership, check box. □ address of each general partner: anyan GP, LLC Name of General Partner: Suite 100 Street Address:					
A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 If limited partnership is a limited liability lim Name, principal office address, and mailing Name of General Partner: BA Clematis Bastreet Address: 440 Royal Palm Way, Palm Beach, Florida 3 Mailing Address:	A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 mited partnership, check box. □ address of each general partner: anyan GP, LLC Name of General Partner: Suite 100 Street Address:					
A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 If limited partnership is a limited liability lin Name, principal office address, and mailing Name of General Partner: BA Clematis Bastreet Address: 440 Royal Palm Way, Palm Beach, Florida 3 Mailing Address: Name of General Partner:	A40 Royal Palm Way, Suite 100 Palm Beach, Florida 33480 mited partnership, check box. address of each general partner: anyan GP, LLC Name of General Partner: Suite 100 Street Address: Mailing Address: Name of General Partner: Street Address:					

Page 1 of 2

Name of Ge	neral Partner:			Name of Genera	1 Partner:
Street Addre	£\$:	·		Street Address:	
Mailing Add	ress:			Mailing Address	
(Effective date or Note: If the date document's effect 12. Attached is a	innot be prior to a inserted in this blo tive date on the D certificate of exist ent of State, by the	or more than ock does not : epartment of ence duly au	90 days after the meet the applical State's records. thenticated, not	ble statutory filing requ more than 90 days pric	s filed by the Florida Department of State.) urrements, this date will not be listed as the m to the delivery of this application to the of the entity's records in the jurisdiction under
Signed this	28th	_ day of	April	2021	
		/s		ark, on behalf of BA	A Clematis Banyan GP, LLC,
			Signature	of a general partner	
					e individual is aware that false information provided for in s.817.155, F.S.
	Filing Fees:		S	1,000.00 (\$965 Filing	Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

\$52.50 \$8.75

Page 2 of 2

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BA CLEMATIS BANYAN, 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-NINTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BA CLEMATIS BANYAN, LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2021.

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

2021 APR 29 AM 8: 35

5878333 8300

SR# 20211509159

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203088310

Date: 04-29-21