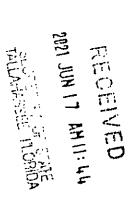
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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
8)	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





600368283606







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 0	6/17/2021	
Name:	Chris Vick	_
Reference #:_		_
Entity Name: E	BULLDOG VENTURES F	AMILY LIMITED PARTNERSHIP
✓ Articles	of Incorporation/Authorization	to Transact Business
Amendr	ment	
☐ Change	e of Agent	
Reinsta	tement	
Convers	sion	
Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	s Name	
✓ Other_	CERTIFI	ED COPY UPON FILING
Authorized Am Signature:	10unt / \$1,052.50	

F: +852.2682.9790

COVER LETTER

.

	Registration Section Division of Corporations				
SUBJEC	Bulldog Ventures Family Limited	i Par	tnership		
SUBJEC	Name of Foreign Limited Partne	ershi	p or Limited L	iability I	imited Partnership
partnersh	osed application, certificate of status and fee tip to transact business in Florida. turn all correspondence concerning this mat			register (a foreign limited partnership or limited liability limited
Maria k	enigsberg				
-	Contact Person			-	
Chuhak	& Tecson, P.C.				
	Firm/Company		•	•	
30 S. W	acker Dr., Suite 2600				
	Address			-	
Chicago	. Illinois 60606				
	City, State and Zip Code			-	
mkenig	sberg@chuhak.com				
E-mail	address: (to be used for future annual report	noti	fication)	-	
For furth	er information concerning this matter, pleas	e cal	l:		
Maria k	Lenigsberg	nt (312	855-54	.42
	Name of Contact Person	(Area Code ar	d Daytir	ne Telephone Number
Enclosed	is a check for the following amount:				
(\$96)	0.00 Filing Fee 5 Filing Fee and Registered Agent □\$1,008.75 Filing Fees and Certificate of Status	≣\$	\$1,052,50 Filin and Certified		☐\$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			Registr Division The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

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

Bulldog Ventures Family Limited Partnership (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. August 25, 1997 State or Country of Formation Date of Formation 74-2847974 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: Conrad Barchfeld 3842 Joyce Road Big Pine Key, Florida 33043 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. CC Barchiel Signature of Registered Agent 8. Mailing Address: 7. Principal Office: 3842 Joyce Road 3842 Joyce Road Big Pine Key, Florida 33043 Big Pine Key, Florida 33043 9. If limited partnership is a limited liability limited partnership, check box. 🗖 10. Name, principal office address, and mailing address of each general partner: Bulldog Ventures, Inc. Name of General Partner: Name of General Partner: 3842 Joyce Road ယ Street Address: Street Address: Big Pine Key, Florida 33043 Mailing Address: _____ Mailing Address: _____ Name of General Partner: Name of General Partner: Street Address: _____ Street Address: _____ Mailing Address: Mailing Address:

Page 1 of 2

Name of Gen	eral Partner:		Name of General	Partner:	
Street Addres	s:				
Mailing Addr					
Note: If the date in document's effect 12. Attached is a Florida Departme	inserted in this block does to tive date on the Department certificate of existence duly nt of State, by the Secretar	not meet the applicate of State's records.	able statutory filing requi . more than 90 days prior	filed by the Florida Department of State.) frements, this date will not be listed as the to the delivery of this application to the f the entity's records in the jurisdiction under	
12, Attached is a Florida Departme the law of which	nt of State, by the Secretar	y authenticated, not y of State or other (more than 90 days prior official having custody o	to the delivery of this application to the f the entity's records in the jurisdiction under	
Signed this	day of	June ————————	.20	_	
		C C Bara	ch!ad	President of	
		Signatur		Bulldog Ventures, Inc., General Partner	
The individual signature of the submitted in a do-	gning this document affirm cument to the Department of	s that the facts state of State constitutes	ed herein are true and the a third degree felony as	individual is aware that false information provided for in s.817.155, F.S.	
	Filing Fees: Certified Copy (optional Certificate of Status (opt):	\$1,000.00 (\$965 Filing F \$52.50 \$8.75	ce and \$35 Registered Agent Fee)	

Page 2 of 2

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for BULLDOG VENTURES FAMILY LIMITED PARTNERSHIP (file number 10061310), a Domestic Limited Partnership (LP), was filed in this office on August 25, 1997.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 16, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1059401180003