(Re	equestor's Name)		
(Ac	ddress)	<del> </del>	
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates o	of Status	
Special Instructions to Filing Officer:			
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### **CT CORP**

## (850) 656-4724

3458 lakesore Drive Tallahassee, FL 32312

03/06/2024

D	Acc#120160000072
	Acc#I20160000072
Name:	Belani Capital I, L.P.
Document #:	
Order #:	15352044
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🗸	Certified:
Availability  Document  Examiner  Updater  Verifier  Ref#	Amount: \$ 1052.50

Thank you!

#### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Belani Capital I, L.P.		
	Partnership or Limited I	Liability Limited Partnership
The enclosed application, certificate of status an partnership to transact business in Florida. Please return all correspondence concerning this		o register a foreign limited partnership or limited liability limited
Paula Heddle		
Contact Person		_
ALCHEMIST ACCELERATOR		
Firm/Company		<del></del>
1000 Brickell Ave. Ste 715 PMB 5087		
Address	<del></del>	_
Miami, Florida 33131		
City, State and Zip Code		_
paula@alchemistaccelerator.com		
E-mail address: (to be used for future annual r	eport notification)	_
For further information concerning this matter, p	please call:	
Paula Heddle	at ( 425	463-8451
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amount:		
\$1,000,00 Filing Fees S1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee) \$1 S1,008.75 Filing and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	MAILING ADD Registration Sect Division of Corp P. O. Box 6327 Tallahassee, FL	etion porations

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

Belani Capital I, 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.I.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. DE State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 46-1654984 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 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. C T Corporation System Denise Bell, Asst. Secretary Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1000 Brickell Ave, Ste 715 PMB 5087 1000 Brickell Ave, Ste 715 PMB 5087 Miami, Florida 33131 Miami, Florida 33131 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: Ravi Belani Name of General Partner: 1000 Brickell Ave, Ste 715 PMB 5087 Street Address: \_\_\_ Street Address: \_ Miami, FL 33131 Mailing Address: 1000 Brickell Ave. Ste 715 PMB 5087 \_\_\_\_ Mailing Address:\_\_\_\_\_ Miami, FL 33131 Name of General Partner:\_\_\_\_\_ Name of General Partner:\_\_\_\_\_ Street Address: \_\_\_\_\_ Street Address: \_ Mailing Address: \_\_\_\_\_ Mailing Address:

Page 1 of 2

Name of General Partner:	al Partner: Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
Note: If the date inserted in this block does not a document's effective date on the Department of 12. Attached is a certificate of existence duly au	190 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	
Signed this 23rd day of Feb	Signature of a general partner	
	at the facts stated herein are true and the individual is aware that false information state constitutes a third degree felony as provided for in s.817.155, F.S.	
Filing Fees: Certified Copy (optional): Certificate of Status (optiona		

Page 2 of 2

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BELANI CAPITAL I, L.P." 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 FIRST DAY OF FEBRUARY, A.D. 2024.

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



Jeffrey W. Busioch, Secretary of State

Authentication: 202722478