

B24000000067

(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:

Office Use Only



200424987802

2024 MAR -8 AM 11:00

Division of
Business Regulation
TALLAHASSEE, FLORIDA

2024 MAR -8 PM 1:45

RECEIVED

MAR 11 2024

K. Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 03/08/2024

NAME: BAETELLE LP

TYPE OF FILING: APPLICATION

COST: 1,000.00 - SEE ATTACHED

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: ECA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baetelle 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:

Mark D. Canfield

Contact Person

Lippes Mathias LLP

Firm/Company

10151 Deerwood Park Blvd., Bldg 300, Suite 300

Address

Jacksonville, FL 32256

City, State and Zip Code

mcanfield@lippes.com

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

For further information concerning this matter, please call:

Mark D. Canfield

at (904) 660-0020 ext 1523

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

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

1. Bactelle 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.

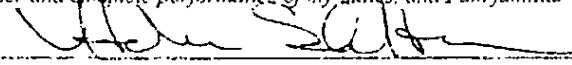
2. Delaware 3. 09/30/2022
State or Country of Formation Date of Formation

4. Federal Employer Identification Number 61-2052793

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

Lippes Mathias LLP
10151 Deerwood Park Blvd., Bldg 300, Suite 300
Jacksonville, Florida 32256

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.


Signature of Registered Agent

7. Principal Office:

1207 Delaware Ave, #288

Wilmington, Delaware 19806

8. Mailing Address:

1207 Delaware Ave, #288

Wilmington, Delaware 19806

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: Bae & Hao Property Management Inc. Name of General Partner: _____

Street Address: 1207 Delaware Ave, #288 Street Address: _____
Wilmington, Delaware 19806

Mailing Address: 1207 Delaware Ave, #288 Mailing Address: _____
Wilmington, Delaware 19806

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

2024 MAR -8 AM 11:00

Page 1 of 2

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

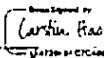
Street Address: _____ Street Address: _____

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 27 day of February, 2024

 as President of Bae & Hao Property Management Inc.,
the General Partner of Bactelle LP
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

Page 2 of 2

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAETELLE 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-SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAETELLE LP" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2022.

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



7060355 8300

SR# 20240712606

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202893310

Date: 02-27-24