

B24000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

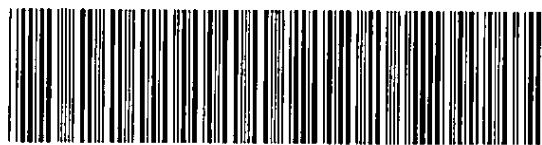
(Document Number)

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

Special Instructions to Filing Officer:

W24-81478

Office Use Only



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05/30/24--01002--019 \*\*1000.00

RECEIVED

2024 MAY 30 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 04 2024  
K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2024

BERGER SINGERMAN

SUBJECT: BAY POINT CAPITAL PARTNERS II, LP  
Ref. Number: W24000081478

We have received your document for BAY POINT CAPITAL PARTNERS II, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 424A00011855

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bay Point Capital Partners II, 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:

Gregory Jacobs

\_\_\_\_\_  
Contact Person

Bay Point Advisors, LLC

\_\_\_\_\_  
Firm/Company

3050 Peachtree Road, Suite 740

\_\_\_\_\_  
Address

Atlanta, Georgia 30305

\_\_\_\_\_  
City, State and Zip Code

gregjacobs@baypointadvisors.com

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

For further information concerning this matter, please call:

Garrett Nail \_\_\_\_\_ at ( 404 ) 290-6440

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

1) \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)	1) \$1,008.75 Filing Fees and Certificate of Status	1) \$1,052.50 Filing Fees and Certified Copy	1) \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

1. Bay Point Capital Partners II, 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. 5/14/2018  
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 83-0939055

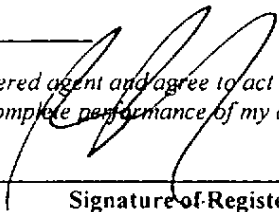
5. Name of Registered Agent for Service of Process and Florida Street Address:

Brian Rich

313 North Monroe Street, Suite 301

Tallahassee, Florida 32301

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:

c/o Bay Point Advisors, LLC

3050 Peachtree Road, Suite 740

Atlanta, Georgia 30305

8. Mailing Address:

c/o Bay Point Advisors, LLC

3050 Peachtree Road, Suite 740

Atlanta, Georgia 30305

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: Bay Point Advisors, LLC

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

Street Address: 3050 Peachtree Road  
Suite 740

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

Mailing Address: Atlanta, Georgia 30305

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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 May \_\_\_\_\_, 20 24 \_\_\_\_\_

DocuSigned by:

*Greg Jacobs*

0A4A393FB3B94D9  
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

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAY POINT CAPITAL PARTNERS II, 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 THIRD DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAY POINT CAPITAL PARTNERS II, LP" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2018.

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



  
Jeffrey W. Bullock, Secretary of State