B2500000001

(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



900438439209

2025 JAN -2 AM 9: 41

RECEIVED

25 JAN -2 AH IO: 23



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

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	12/31/2024	
Name:	Cheyanne Davis	
Reference	#:2605417	
Entity Name	e:BANBRID	GE SPV I, LP
	les of Incorporation/Authorization to	
Ame	endment	
Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	tious Name	
☐ Othe	er	
Authorized .	Amount: \$1,000.00	
Signature:	(Vhyma Paine	

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Banbridge SPV I, LP		
Name of Foreign Limited Parti	nership or Limite	d Liability Limited Partnership
The enclosed application, certificate of status and for partnership to transact business in Florida. Please return all correspondence concerning this ma		to register a foreign limited partnership or limited liability limited
Deborah Fanich		
Contact Person		
Berger Singerman LLP		
Firm/Company		
201 East Las Olas Boulevard, Suite 1500		
Address		
Fort Lauderdale, Florida 33301		
City. State and Zip Code		
jradtke@banbridgecapital.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, plea	se call:	
Deborah Fanich	954	712-5164
Name of Contact Person	at (Area Cod	e and Daytime Telephone Number
Enclosed is a check for the following amount:		
□\$1,000.00 Filing Fee □\$1.008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1.008.75 Filing Fees and Certificate of Status	□\$1,052.50 } and Certif	Filing Fees S1,061.25 Filing Fee, Ged Copy 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

L.Banbridge SPV I. 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. 3 September 12, 2024 2.Texas State or Country of Formation **Date of Formation** 4. Federal Employer Identification Number 33-1481639 5. Name of Registered Agent for Service of Process and Florida Street Address: Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida 32301 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 5830 Granite Parkway 5830 Granite Parkway Suite 100 Suite 100 Plano, Texas 75024-6794 Plano, Texas 75024-6794 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:___Banbridge SPV I GP, LLC Name of General Partner: 5830 Granite Parkway, Suite 100 Street Address: ____ Street Address: __ Plano, Texas 75024-6794 5830 Granite Parkway, Suite 100 Mailing Address: ____ Mailing Address:__ Plano, Texas 75024-6794 Name of General Partner: Name of General Partner: Street Address: _____ Mailing Address: ____ Mailing Address:

Page 1 of 2

Name of Congred Dartner	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
11. Effective date, if other than the date Effective date cannot be prior to nor mo	of filing:) e
	y authenticated, not more than 90 days prior to the delivery of this application to the ry of State or other official having custody of the entity's records in the jurisdiction ur	nder
Signed this day	<u>December</u> 20	
	J. g Zibo	
	Signature of a general partner	
	is that the facts stated herein are true and the individual is aware that false information of State constitutes a third degree felony as provided for in s.817.155, F.S.	n
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)	

Page 2 of 2

\$52.50 \$8.75

Certified Copy (optional): Certificate of Status (optional): Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

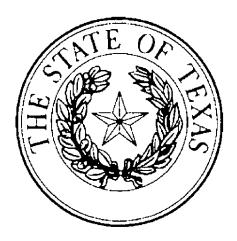
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Banbridge SPV I, LP (file number 805707878), a Domestic Limited Partnership (LP), was filed in this office on September 12, 2024.

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 December 12, 2024.



gene Helson

Jane Nelson Secretary of State