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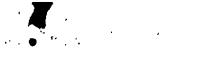
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TALLAHARREFERSINE

Y SCOTT SEP 1 3 2019



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 91208

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: September 10, 2019

ORDER TIME : 12:03 PM

ORDER NO. : 912087-005

CUSTOMER NO: 7782827

FOREIGN FILINGS

NAME: BAAM (US), LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: ____



September 11, 2019

CSC

. . .

RESUBMIT

Please give original submission date as file date.

SUBJECT: BAAM (US), LLC Ref. Number: W19000082414

We have received your document for BAAM (US), LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Yvette Scott Document Specialist II

Letter Number: 919A00018749

COVER LETTER

	egistration Section Division of Corporations							
SUBJEC	BaAM (US), LLC							
Name of Limited Liability Company								
	sed "Application by Foreign L and check are submitted to re				any to transact bus	iness in F		
Please reti	ım all correspondence concen	aing this matter to the fo	llowing:		TALI	2019 SEP	_	
	Derek W. Goff						٠ ;	
	Name of Person Or:							
BaAM (US), LLC						PH	· -,	
Firm/Company						4: 19	٠. ٠	
	PO BOX 660613				710A	. 19		
Address								
Dallas, Texas 75266								
City/State and Zip Code								
	Derek.Goff@freeman	co.com						
	E-ma	il address; (to be used fo	r future annua	report notification	n)	-		
For further	information concerning this r	natter, please call:						
A	ngela Carter		214 at (445-5084)		_		
	Name of Conta	act Person	Area Code	Daytime Te	lephone Number			
D Re P.	ALLING ADDRESS: ivision of Corporations egistration Section O. Box 6327 illahassee, FL 32314			STREET ADDR Division of Corpe Registration Sect Clifton Building 2661 Executive C Tallahassee, FL 3	orations ion Center Circle			
Pl	iclosed is a check for the folicease make check payable to: I		\$155.00	TE) Filling Fee & E ied Copy	3160.00 Filing			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

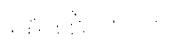
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, BaAM (US), LLC	WEEDS HATTE STATE OF PLOIMOR.			.
(Name of Foreign	Limited Liability Company; must include "Limite	I Liability Company," "L.L.C.," or "L	.t.c.")	
(If name unavailable, enter alternate n	une adopted for the purpose of transacting business in Flo	ida. The alternate name must include "Limit	ed Liability Company	_r.c'orrr.c')
Texas . 2.		84-2926071 3.		19 SEP
(Jurisdiction under the law of wh	ech foreign limited liability courpany is organized)	(1·10	number, if applicable)	
Business not transac	•		 	-
•	(Data first transacted business in Florida, if prior to (See sections 605.0904 & 605.0903, P.S. to determine	egistration.) 20 penalty Bability)		FPH :
BaAM (US), LLC		BaAm (US), LLC		<u>ا الإدار</u>
5. (Street Address of P	rincipal Office)	6. (Mailin	ng Address)	9
1600 Viceroy Dr. STE	E 100	PO BOX 660613	·	
Dallas, Texas 75235		Dallas, Texas 75266	1	
7. Name and street addres	s of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)		
Name:				
Office Address:	1201 Hays Street			
	Tallahassee,		32301 , Florida	
(City)		(2	(ip code)	
designated in this applica to comply with the provisi	gistered agent and to accept service of j tion, I hereby accept the appointment a ons of all statutes relative to the proper s of you position as revisieved agent.	s registered agent and agree to and complete performance of	o act in this cupac f my duties, and I	uy. 1 jurmer agree

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Adelle Casey Derek W. Goff Manager Manager 1600 Viceroy DCSTE 1600 Viceroy Dr. STE 100 Member Member Address: Dallas, Texas 75235 Dallas, Texas 75235 Authorized Authorized Person Person Other_ Other_ Other_ Carrie Freeman Parsons Phil Rehkemper Manager Manager . 1600 Viceroy Dr. STE 100 1600 Viceroy Dr. STE 100 Member Address: Member Dallas, TX 75235 Dallas, Texas 75235 Authorized Authorized Person Person Other Other_ Other Other_ Cheryl Farmer Robert W, Priest-Heck Manager Manager 1600 Viceroy Dr. STE 100 1600 Viceroy Dr. STE 100 ☐ Member Member Address: Address: Dallas, Texas 75235 Dallas, Texas 75235 Authorized Authorized Person Person Other_ Other Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S. Signature of an ap thorized person Derek W. Golf

Typed or printed name of signer

١



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



Ruth R. Hughs 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 BaAM (US), LLC (file number 803364140), a Domestic Limited Liability Company (LLC), was filed in this office on July 10, 2019.

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 September 06, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 911888560003