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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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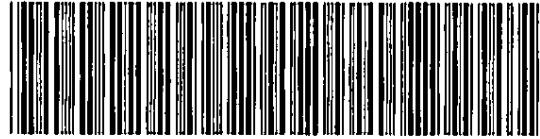
(Business Entity Name)

(Document Number)

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TALAHASSEE, FLORIDA

JAN 25 2020
T. LEIMEX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BSN Capital Partners LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert Brody, Esquire

Name of Person

Robert Brody, P.A.

Firm/Company

1601 Forum Place, Suite 1101

Address

West Palm Beach, FL 33401

City/State and Zip Code

rbrody@robertbrodylaw.com

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

For further information concerning this matter, please call:

Robert Brody

at (_____) _____

561 684-9100

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. BSN Capital Partners LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1429174

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 420 Lexington Avenue

(Street Address of Principal Office)

Suite 340

New York, NY 10170

6. 420 Lexington Avenue

(Mailing Address)

Suite 340

New York, NY 10170

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John Burgess

Office Address: 3315 Collins Avenue, Apt. No. 5-C

Miami

(City)

, Florida

33140

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

(Registered agent's signature)

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2020 JAN -8 A 8:01
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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:**

☐ Manager Name: BSN Holdings Limited

☒ Member Address: c/o Genesis Trust & Corporate
Services, Ltd., P.O. Box 448, Elgin Ct.,
George Town KY1-1106 Cayman Islands

☐ Authorized Person

☐ Other ☐ Other

☒ Manager Name: Albert Cheong

☒ Member Address: 1 Tower Hill Road
Briarcliff Manor, NY 10510

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: John Burgess

☐ Member Address: 3315 Collins Avenue
Apt. No. 5-C

☒ Authorized Person Miami, FL 33140

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

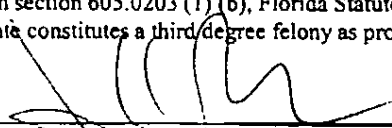
☐ Authorized Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 felony as provided for in s.817.155, F.S.



Signature of an authorized person

John Burgess

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that BSN CAPITAL PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/27/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 20th day of December two
thousand and nineteen.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State