

MA0000011070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

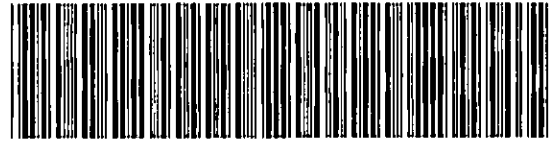
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500355575245

11/25/20--01012--023 **160.00

NOV 25 PM 2 58
11/25/20

RECEIVED
[000 00 05]



THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR

TREGENZA A. ROACH
Lieutenant Governor

Commissioner of Insurance
Chairman, V.I. Banking Board

September 17, 2020

Stephanie Osborne
P.O. Box 6347
Charlotte Amalie VI 00804
United States

BAMBU FUND, LLC

Dear Sir/Madam:

I, TREGENZA A. ROACH, Lieutenant Governor for the United States Virgin Islands, do hereby certify that BAMBU FUND, LLC a Domestic Limited Liability Company, has filed a(n) Annual Report Filing 2020 in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this letter evidencing the filing is effective on the date shown below.

Effective Date: September 17, 2020

Next year's annual report will be due by June 30th of next year.

Thank you for giving us the opportunity to serve you.

Sincerely,

A handwritten signature in black ink, reading "Tregenza A. Roach", is positioned above the printed name and title.

Tregenza A. Roach
USVI Lieutenant Governor

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bambu Fund 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:

Patrick G. Barclay

Name of Person

Bambu Fund LLC

Firm/Company

136 Willow Oak Way

Address

Palm Coast, FL 32137

City/State and Zip Code

pharclay@bambudfund.com

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

For further information concerning this matter, please call:

Patrick G. Barclay

386

5850770

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

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

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

Bambu Fund International Trust 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. United States Virgin Islands 3. 66-0889327
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5093 Dronningens Gade
(Street Address of Principal Office)

6. 136 Willow Oak Way
(Mailing Address)

Suite 1

Palm Coast, FL 32137

St. Thomas, U.S.V.I. 00802

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

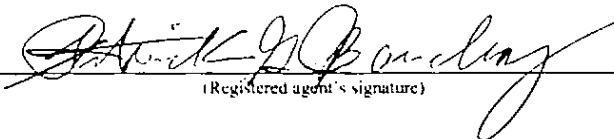
Name: Patrick G. Barclay

Office Address: 136 Willow Oak Way

Palm Coast, FL 32137
(City) Florida (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)


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]:

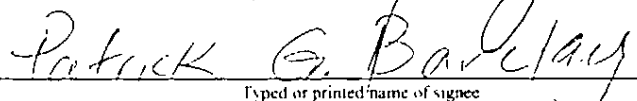
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Patrick G. Barclay	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 136 Willow Oak Way	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Palm Coast, FL 32137	<input type="checkbox"/> Authorized	_____
Person	Chief Executive Officer	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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


Typed or printed name of signee



**Government of
The United States Virgin Islands**

-O-

*Office of the Lieutenant Governor
Division of Corporations & Trademarks*

CERTIFICATE OF GOOD STANDING

To Whom These Presents Shall Come:

I, the undersigned Lieutenant Governor the United States Virgin Islands, do hereby certify that **BAMBU FUND, LLC** has filed in the Office of the Lieutenant Governor the requisite annual reports and statements as required by the Virgin Islands Code, and the Rules and Regulations of this Office. In addition, the aforementioned entity has paid all applicable taxes and fees to date, and has a legal existence not having been cancelled or dissolved as far as the records of my office show.

Wherefore, the aforementioned entity is duly formed under the laws of the Virgin Islands of the United States, is duly authorized to transact business, and, is hereby declared to be in good standing as witnessed by my seal below. This certificate is valid through June 30th, 2021.

Entity Type: Domestic Limited Liability Company

Entity Status: In Good Standing

Registration Date: 12/07/2017

Jurisdiction: United States Virgin Islands, United States

Witness my hand and the seal of the Government of
the United States Virgin Islands, on this 23rd day
of November, 2020.



A handwritten signature in black ink, reading "Tregenza A. Roach".

Tregenza A. Roach
Lieutenant Governor
United States Virgin Islands