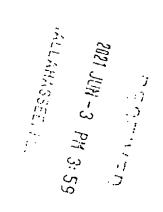
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	■ WAIT	MAIL
	usiness Entity Name)	
id)	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQ	UEST	DATE	6/3/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 922696

ORDER ENTITY____ BPSK DEVELOPMENT LLC

	
PLEASE PERFORM THE FOLLOWING SERVICES	
LEASE LEKLOKM THE LOTTOMING SEKATCES	
BPSK DEVELOPMENT LLC (FL)	
DESK DEVELOFINENT LLC (FL)	

File the attached foreign qualification document

NOTES:

\$125.00 Authorized Email address for annual report reminders; pallaoro@bizzipartners.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, June 3, 2021 Page 1 of 1

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BPSK DEVELOPMEN (Name of Foreign	VF LLC Limited Liability Company, must include "Limit	ed Liability Con	npany," "E. L. C.," or "LEC.")		-
(H'name unavailable, enter alternate i	name adopted for the purpose of transacting business in I	forida. The aftern	ate name must include "Limited Liah	ility Company," "L.L.C," or	ī.l.c.")
Delaware 2. Chursdiction under the law at w	hich foreign limited liability company is organized)	3. <u></u>	A (FEI number,	if maliciple)	_
(70) Michael Michael Michael Michael	men mega mineu naomy company is organized)		(FI) Munici	т аррисается	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) nine penalty liabili	lly)		
55 E. 59th Street, 24th	Floor	55	E. 59th Street, 24th Floor		
5. (Street Address of Principal Office)		<u> </u>	(Mailing Address)		_
New York, NY 10022		Nev	v York, NY 10022		_
Attn: Alessandro Palla	oro	Atti	n: Alessandro Pallaoro		
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ptable)	32 1 Jey	- :'.
Name:	Incorporating Services, Ltd.			CO CO	ire
Office Address:	1540 Glenway Drive			. <u>.</u>	
	Tallahassee. Florida		32301 Florida	<u> </u>	
	(Ciry)		(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 (ignature)

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity	Name and Address:
■Manager	Name: Alessandro Pallaoro	■Manager	Name: Amit Khurana
□Member	Address: 55 E. 59th Street, 24th Floor	□Member	Address: 520 W. 27th Street
□Authorized	New York, NY 10022	□Authorized	New York, NY 10001
Person		Person	
Other	Other	□Other	
■Manager	Name: Saif Sumaida	■Manager	Name: Davide Bizzi
□Member	Address: 520 W. 27th Street	□Member	Address: 55 E. 59th Street, 24th Floo
□Authorized	New York, NY 10001	□Authorized	New York, NY 10022
Person		Person	
□Other	Other	□Other	
∃Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	-
Person		Person	
□Other		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.

	AFTER	
	Signature of an authorized person	
Alessandro Pallaoro		
	Typed or printed name of signee	





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BPSK DEVELOPMENT LLC" 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. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BPSK DEVELOPMENT LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2021.

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

4780136 8300 SR# 20212337288 Authentication: 203352275

Date: 06-03-21