

1721000010700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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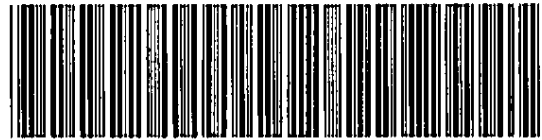
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 06 2021

07/07/21--01008--004 \*\*125.00

FILED  
21 AUG 10 AM 8:28  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

1/1/16  
-Ren

1/1/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BA WM MANAGEMENT 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:

Khadija Fedaoui

Name of Person

BA WM MANAGEMENT LLC

Firm/Company

655 Deerfield Rd.Suite 100- PMB 330

Address

Deerfield, IL 60015

City/State and Zip Code

kfedaoui@browart23.com

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

For further information concerning this matter, please call:

Khadija Fedaoui

847

386-2041

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED JUL 22 2021

July 12, 2021

SCANNED  
7/22/21

KHADIJA FEDAOUI  
655 DEERFIELD RD STE 100 PMB 330  
DEERFIELD, IL 60015

SUBJECT: BA WM MANAGEMENT LLC  
Ref. Number: W21000099141

We have received your document for BA WM MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 221A00015875

RECEIVED  
AUG 10 2021

IN COMPLIANCE WITH SECTION 6002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

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

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

(1) Number of applicants:

4. \_\_\_\_\_ (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

6. 655 Deerfield Rd. Suite 100- PMB 330  
(Mailing Address)

Deerfield, IL 60015

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

Name: Utkarsh Patel

Office Address 6903 Congress St

New Port Richey, Florida 34653

**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.

Vitkash Patel  
(Registered agent's signature)

21 AUG 30 AM 8:28

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 type="checkbox"/> Manager               | Name <u>Utkarsh Patel</u>                      | <input type="checkbox"/> Manager     | Name _____                           |
| <input checked="" type="checkbox"/> Member     | Address <u>6903 Congress St</u>                | <input type="checkbox"/> Member      | Address _____                        |
| <input type="checkbox"/> Authorized            | <u>New Port Richey, FL 34653</u>               | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____  | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>   |  | <br>                                 |                                      |
| <input type="checkbox"/> Manager               | Name <u>Khadija Fedaoui</u>                    | <input type="checkbox"/> Manager     | Name _____                           |
| <input type="checkbox"/> Member                | Address <u>655 Deerfield Rd. Suite 100- PM</u> | <input type="checkbox"/> Member      | Address _____                        |
| <input checked="" type="checkbox"/> Authorized | <u>Deerfield, IL 60015</u>                     | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____  | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>   |  | <br>                                 |                                      |
| <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.

Khadija Fedaoui  
Signature of an authorized person

Khadija Fedaoui

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BA WM MANAGEMENT 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 TWENTY-SECOND DAY OF JULY, A.D. 2021.



5987385 8300

SR# 20212666936

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203739661

Date: 07-22-21