

M22000017743

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000404393 3))



H220004043933ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FLL BUSINESS SOLUTION CORP
Account Number : 120190000092
Phone : (754)202-8663
Fax Number : (786)636-3620

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FLLbusiness@outlook.com

Foreign Limited Liability Company
BAP GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help
REC - 2 2022

H22000404393 3

H22000404393 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAP GROUP 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:

XIANNY CHINCHILLA

Name of Person

FLL BUSINESS SOLUTION CORP

Firm/Company

8350 W STATE ROAD 84

Address

DAVIE, FL 33324

City/State and Zip Code

FLLbusiness@outlook.com

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

For further information concerning this matter, please call:

XIANNY CHINCHILLA

754

2028663

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

H22000404393 3

H22000404393 3

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BAP GROUP LLC
(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.L.C.")

2. DELAWARE 3. 37-2037900
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 12/01/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S., to determine penalty liability)

5. 100 Bayview Dr Apt 517 6. 100 Bayview Dr Apt 517
(Street Address of Principal Office) (Mailing Address)

Sunny Isles, FL 33160

Sunny Isles, FL 33160

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

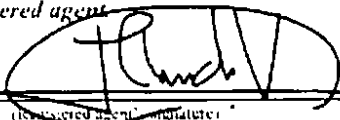
Name: FLL BUSINESS SOLUTION CORP

Office Address: 8350 W State Road 84

Davie, Florida 33324
(City) (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)

H22000404393 3

H22000404393 3

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>Diego M. Bazan</u>	<input type="checkbox"/> Manager	Name: <u>Andrea L. Gonzalez</u>
<input checked="" type="checkbox"/> Member	Address: <u>100 Bayview Dr Apt 517</u>	<input checked="" type="checkbox"/> Member	Address: <u>100 Bayview Dr Apt 517</u>
<input type="checkbox"/> Authorized	<u>Sunny Isles, FL 33160</u>	<input type="checkbox"/> Authorized	<u>Sunny Isles, FL 33160</u>
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 _____
 <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) (h), 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.

Diego M. Bazan
Signature of an authorized person

Diego M. Bazan

Typed or printed name of signer

H22000404393 3

H22000404393 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAP GROUP 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 OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAP GROUP LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2022.



6657516 8300

SR# 20223680623

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204535808

Date: 10-03-22

H22000404393 3