

N 230000004678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

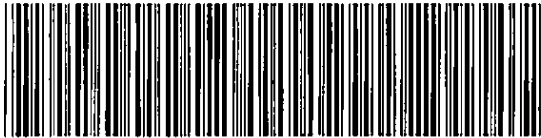
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4/17/23 ✓

March 10, 2023

To: Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

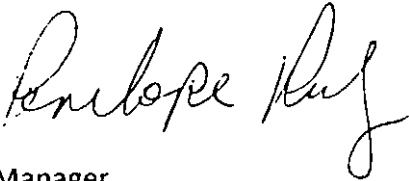
From: Penelope Rudy
BAP Holdings Plattsburgh LLC
60 Weathervane Drive
Easton CT 06612

To Whom It May Concern:

I'm writing to register BAP Holdings Plattsburgh LLC as a foreign LLC in the state of Florida.
Included is the application and applicable fees.

Please let me know if I can provide any additional information.

Penelope Rudy

A handwritten signature in black ink, appearing to read "Penelope Rudy", written in a cursive style.

Manager
BAP Holdings Plattsburgh LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAP Holdings Plattsburgh 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:

Penelope Rudy
Name of Person

BAP Holdings Plattsburgh LLC
Firm/Company

60 Weatherlane Dr.
Address

Easton, CT 06612
City/State and Zip Code

penelope.rudy@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Penelope Rudy at (203) 572-2946
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. BAP Holdings Plattsburgh 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. _____
(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. 60 Weatherwax Drive
(Street Address of Principal Office)

6. Same
(Mailing Address)

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Easton CT 06612

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

Name: Barbara Poston

Office Address: 3280 Hopewell St

The Villages . Florida 32162
(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.

Barbara Poston
(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]:

Title or Capacity: Name and Address:

☒ Manager Name: Penelope Rudy

☐ Member Address: 60 Weatherlane Dr

☐ Authorized Easton CT 06612

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Barbara Poston

☒ Member Address: 3280 Hopewell St

☐ Authorized The Villages, FL

Person 32162

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Penelope Rudy
Signature of an authorized person

Penelope Rudy
Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

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TALLMAN SEE PL

Entity Name: BAP HOLDINGS PLATTSBURGH LLC
DOS ID Number: 4815602
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/04/2015

Statement Status: CURRENT
Statement Due Date: 09/30/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on January 03, 2022 at 02:51 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State