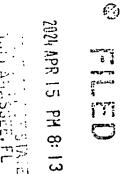
## M24000006208

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
 (Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Guarant an alternation		
Special Instructions to f	-iling Officer:	

Office Use Only



700428439317







CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

FILE 1ST

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 05/14/24 Order #: 1504617-5

Re: BCP Deltona GP, LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

BCP Deltona GP, LLC SUBJECT:		
	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.	
lease return all correspondence concerning this matter t	to the following:	
Kevin Maloot		
	Name of Person	
Bluedog Capital Partners, LLC		
	Firm/Company	
One Custom House, Suite 4		
	Address	
Providence, Rhode Island 02903		
C	City/State and Zip Code	
kmaloot@blucdogcap.com		
E-mail address: (to be	e used for future annual report notification)	
For further information concerning this matter, please ca	II:	
Kevin Maloof	401 421-9200	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	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 DEP  ■ \$125.00 Filing Fee □ \$130.00 Filing Fee		

## 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:

BCP Deltona GP, LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liabili	y Company," "L.L.C.," or "LLC.")		
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida, Th	alternate name must include "Limited 1	uability Company," "L.L.C," c	or "LL.C.")
Delaware		3	Applied for	iber, il'applicable)	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(FEI num	ber, il'applicable)	
NA .					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio	n.) ; liability)		
One Custom House, St	uite 4	6.	One Custom House, Suite -	1	
Street Address of Principal Office)			(Mailing Address)		
Providence, Rhode Isla	and 02903		Providence, Rhode Island (	)2903	
	<del></del>				
	s of Florida registered agent: (P.O. Box  CORPORATION SERVICE COMP		acceptable)	2024 APR	
Name:	CONFORMATION SERVICE COMP	AINT		(a) 5	Chemical Chemical
Office Address:	1201 Hays Street			SS : TO	
	Tallahassee		Florida <u>32301</u>		
	(City)		(Zip code)	— κ, ω	
lesignated in this applicate ocomply with the provisi	tance: gistered agent and to accept service of piton, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent.	s regist	ered agent and agree to act	in this capacity. I ful	rther ag
	(Registered agent's	signature)	-	<del></del>	

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:	Title or Capacity:	Name and Address:
■Manager	Name: Bluedog Capital Partners, LLC	□Manager	Name: Richard Tasca
□Member	Address: One Custom House, Suite 4	□Member	Addressco BCP, One Custom House, Site 4
□Authorized	Providence. Rhode Island 02903	■Authorized	Providence, Rhode Island 02903
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Other	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.

Richard Tasca	
Signature of an authorized person	
1) [	
KOn_	
Typed or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "BCP DELTONA GP, 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 THIRTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCP DELTONA GP,

LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2024.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203454157

Date: 05-13-24