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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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CT CORP

(850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

| Date: | 06/30/2023 | 90:15W |
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| | Acc#I20160000072 | 4: ()-V |

| Name: | BAH Florida Ventures, LP | | |
|--|---|--|--|
| Document #: | | | |
| Order #: | 15011874 - 6 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | | |
| Filing: 🗸 | Certified: Plain: COGS: | Email Address for Annual Report Notification | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 1052.50 | | |

COVER LETTER

| Division of Corporations | | | |
|---|---|--------------------------|---|
| SUBJECT: BAH Florida Ventures, LP | | | |
| Name of Florida Limited Pa | artnership or Lir | mited Liability | Limited Partnership |
| The enclosed Certificate of Limited Partners | ship and fees | are submitte | d for filing. |
| Please return all correspondence concerning | this matter to |); | |
| Leslie Winston | | | |
| Contact Person | | | |
| Brownstone Commercial, LLC | | | |
| Firm/Company | | | |
| 6517 Mapleridge Street | | | |
| Address | | _ | |
| Houston, TX 77081 | | | |
| City, State and Zip Code | | | |
| leslie@tbsg.com | | | |
| E-mail address: (to be used for future annual re | port notification |) | |
| For further information concerning this matt | ter, please cal | 1: | |
| Leslie Winston | _at (⁷¹³ | ,432-7727 | |
| Name of Contact Person | Area Code | and Daytime | Telephone Number |
| Enclosed is a check for the following amour | nt: | | |
| \$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\$1,000.00 Filing Fees and Certificate of Status | \$1,052.50 and Certific | Filing Fees _ ed Copy | \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: | MAI | LING ADD | PRESS: |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building 2661 Executive Center Circle | P. O. Box 6327 Tallahassee, FL 32314 | | |
| Tallahassee, FL 32301 | 1 a 11 a | massee, FL | 34314 |
| CR2E030 (6/17) | | | |

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| BAH Florida Ventures, LP | |
|--|-------------|
| (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. | |
| 2. 6517 Mapleridge Street | |
| (Street address of initial designated office) | |
| Houston, TX 77081 | |
| 3. C T Corporation System (Name of Registered Agent for Service of Process) 1200 South Pine Island Road | |
| (Name of Registered Agent for Service of Process) | |
| 4. 1200 South Pine Island Road | |
| (Florida street address for Registered Agent) | |
| Plantation, Florida 33324 | |
| 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am far with and accept the obligations of my position as registered agent. | miliar |
| By: C T Corporation System Candice Pignataro, Assista Signature of Registered Agent | nt Secretar |
| 6. 6517 Mapleridge Street | |
| (Mailing address of initial designated office) | |
| Houston, TX 77081 | |
| | |
| 7. If limited partnership elects to be a limited liability limited partnership, check because | 2 |

Page 1 of 2

| 8. Name and business address of e. Name: | Business Address: | |
|--|---|---------------------------------------|
| BAH Florida Ventures GP, LLC | 6517 Mapleridge Street | |
| | Houston, TX 77081 | |
| | | <u>.</u> |
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| 9. Effective date, if other than the of (Effective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this blot this date will not be listed as the do | or more than 90 days after the date ck does not meet the applicable stat | tutory filing requirements, |
| Signed this 28 th | day of June | , 2023 |
| Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the | that any false information submitted | I in a document to the |
| 120m | Doale D. Brown, Ma | JY, BAH Florida Ventures G |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 R \$52.50 \$8.75 | egistered Agent Fee) |