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COVER LETTER

	ation Section on of Corporations		
SUBJECT:	BCW FAMILY PARTNERSHIP	, LLLP	
	Name of Foreign Limited Partn	ership or Limited I	iability Limited Partnership
partnership to tr	plication, certificate of status and fed ansact business in Florida. correspondence concerning this mat		register a foreign limited partnership or limited liability limited
Brian K. Willia	ms		
•	Contact Person	-	-
Crown Asset M	anagement, LLC		
·	Firm/Company		-
3100 Breckenrie	dge Blvd, Suite 725		
	Address		-
Duluth, GA 30	096		
	City, State and Zip Code	·	•
bwilliams@crov	wnasset.com		
E-mail address	s: (to be used for future annual repor	t notification)	-
For further infor	mation concerning this matter, pleas	e call:	
Paula Bird		678	336-7181
Name	of Contact Person	- '	nd Daytime Telephone Number
Enclosed is a ch	eck for the following amount:		
S1,000.00 Fil (\$965 Filing \$35 Register Fee)	Fee and and Certificate of	□\$1,052.50 Filin and Certified	•
Regist Divisi P.O. E	ration Section on of Corporations Box 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA BCW FAMILY PARTNERSHIP, LLLP (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. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. _{2.} GEORGIA 11/01/2018 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 83-2800390 5. Name of Registered Agent for Service of Process and Florida Street Address: Florida Registered Agent LLC 7901 4th Street N, Suite 300 St. Petersburg, FL 33702 6. 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. nature of Registered Agent 7. Principal Office: 8. Mailing Address: 3100 Breckenridge Blvd, Suite 725 3100 Breckenridge Blvd., Suite 725 Duluth, GA 30096 Duluth, GA 30096 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: BCW Management Company, L.L.C. Name of General Partner: Name of General Partner: 3133 Woodrow Way NE Street Address: Street Address: Brookhaven, GA 30319 Mailing Address: 3133 Woodrow Way NE _____ Mailing Address:____ Brookhaven, GA 30319 Name of General Partner:______ Name of General Partner:_____ _____ Street Address: Street Address:

Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of Ge	neral Partner:		_ Name of General P	Partner:			
Street Addre	ess:	-	_ Street Address: _				
Mailing Add	tress:		Mailing Address:				
Note: If the date document's effective 12. Attached is a	inserted in this block does not meetive date on the Department of S a certificate of existence duly authent of State, by the Secretary of S	neet the applicable State's records.	statutory filing requirers than 90 days prior	Gled by the Florida Department of State.) rements, this date will not be listed as the to the delivery of this application to the 'the entity's records in the jurisdiction under			
	8th day of	March	20 24	_			
Signature of a general partner The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.							
Sammed in a w	Filing Fees: Certified Copy (optional): Certificate of Status (optional	\$1,0 \$52.	00.00 (\$965 Filing Fe	ee and \$35 Registered Agent Fee)			

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Control Number: 18131906

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BCW FAMILY PARTNERSHIP, LLLP

a Domestic Limited Liability Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27260972 Date Inc/Auth/Filed: 11/01/2018 Jurisdiction : Georgia Print Date : 04/23/2024

Form Number : 211



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Brad Rafforspager

Brad Raffensperger Secretary of State