# M22000004826

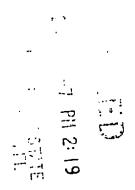
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S. HAWKES MAR - = 2021

### **COVER LETTER**

	egistration Section division of Corporations						
	B and K Properties of Colorado	LLC					
SUBJECT	Γ:	Name of Limited Liability Company					
The enclos Existence,	sed "Application by Foreign Limite and check are submitted to registe	d Liability Com	pany for Authoriz enced foreign limi	ation to Trar ited liability	nsact Business in Flo company to transact	rida," Certificate of business in Florida.	
Please retu	irn all correspondence concerning t Crofton Sacco	his matter to the	e following:				
Name of Person							
	Sacco Law Firm LLC						
Firm/Company 7251 W 20th Street, Building J-3							
	Greeley, CO 80634		Address				
	officemanager@saccolaw.com	•	State and Zip Code			<del></del>	
	E-mail ad	dress: (to be use	d for future annua	l report notif	ication)	<del></del>	
	information concerning this matte	r, please call:					
С	rofton Sacco		970) at (	356-8000	)		
-	Name of Contact P	erson	Area Code	Dayti	me Telephone Numb	per	
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					
Pl	<del>-</del>		☐ \$155.00 Fil		□ \$160.00 Filing of Status &	Fee. Certificate Certified Copy	

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

IN COMPILANCE 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:

B and K Properties, LL	С					
(Name of Foreign B and K Properties of Col	Limited Liability Company, must include "Limite orado LLC	ed Liability Company	".J.L.C.," or "LI.C."	)		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate nar	ne must include "Limited	Liability Company," "L.	L.C." or "LLC."	
Colorado						
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI nur	El number, if applicable)		
Has not yet transacted	business in Florida					
4						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ) tine penalty hability)				
1309 42nd Ave		1309 421	nd Ave			
5		6	ling Address)			
Greeley, CO 80634		Greeley,	CO 80634			
	<del></del>					
			,			
<del></del>	<del>-</del>		. <u>-</u>			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptabl	e)	73		
	InCorp Services, Inc.				•	
Name:	·					
rame.	17888 67th Court North			· · ·	į.	
000 411				P	1 . :	
Office Address:		<del></del>	20.450		وسندع	
	Loxahatchee		33470	- 17. LS	<del></del>	
		,	Florida			
	(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.

Jackie DeFilippis on behalf of InCorp Services,

(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: Title or Capacity: Name and Address: Kate Struzenburg Bennett Struzenburg ■ Manager Name: ■ Manager Name: 1309 42nd Avenue 1309 42nd Avenue ■Member Address: ■ Member Address: Greeley, CO 80634 Greeley, CO 80634 ☐ Authorized □ Authorized Person Person Other\_\_\_\_ □Other\_\_ Other\_\_\_ ☐ Manager □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 Other □Other\_\_\_\_ □Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Signature of an authorized person

Typed or printed name of signee

Crofton Sacco, Esq.- Attorney for Entity

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

B AND K PROPERTIES, LLC

#### is a

### Limited Liability Company

formed or registered on 04/10/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031113728.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/28/2022 that have been posted, and by documents delivered to this office electronically through 03/01/2022 @ 10:23:55

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/01/2022 @ 10:23:55 in accordance with applicable law. This certificate is assigned Confirmation Number 13831278



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*\*\*

Nonce: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate of Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."