

M24000007333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

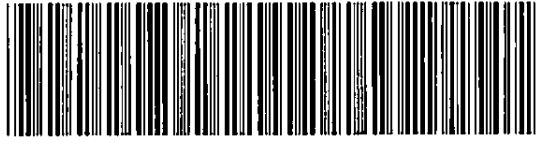
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/23/24 10:01:00

2024 MAY 23 PM 2:24

MS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bay Agency, 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:

Trav Bowen  
\_\_\_\_\_  
Name of Person  
  
Private Wealth Law Group, P.C.  
\_\_\_\_\_  
Firm/Company  
  
1105 E. 900 S. Suite 250  
\_\_\_\_\_  
Address  
  
Salt Lake City, UT 84105  
\_\_\_\_\_  
City/State and Zip Code  
  
tbowen@privatewealthlawgroup.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

|                        |              |                          |
|------------------------|--------------|--------------------------|
| Trav Bowen             | 801          | 433-0693                 |
| _____                  | at ( _____ ) | _____                    |
| 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. Bay Agency, 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. Delaware 99-2684278
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/15/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12100 NW 6th Street 12100 NW 6th Street
(Street Address of Principal Office) (Mailing Address)
Plantation, FL 33325 Plantation, FL 33325

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

Name: Florida Filing & Search Services, Inc.
Office Address: 155 Office Plaza Drive Suite A
Tallahassee, Florida 32301
(City) (Zip code)

2024 MAY 23 PM 2:24

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.

(Registered agent's signature)

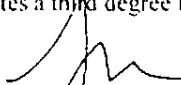
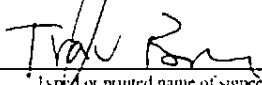
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                        | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|---------------------------------------------|-------------------------------------------------|--------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>J&amp;J Operations Management, LLC</u> | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>12100 NW 6th Street</u>             | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | <u>Plantation, FL 33325</u>                     | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                                     | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                                  | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | _____                                           | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                                     | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                                  | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | _____                                           | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____       | <input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAY AGENCY, 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 "BAY AGENCY, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2024.

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



3525745 8300

SR# 20242065604

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203457592

Date: 05-13-24