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H230000766243ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

### FLORIDA/FOREIGN LP/LLLP BD RC Tampa Hillsborough, L.P.

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Electronic Filing Menu

Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR

Acceptable Limited Partnership suffixes: Limited in	ted Liability Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable, name under which the limite business	ed partnership or limited liability limited partnership proposes to register to trans- in Florida; must contain acceptable suffix	
2. Delaware	3. February 24, 2023	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number:		
5. Name of Registered Agent for Service of Proc	cess and Florida Street Address:	
Corporate Creations Network Inc.		
801 US Highway I	<del></del>	
North Palm Beach, FL 33408	<del></del>	
no novition or registered goest	ete performance of my duties, and I am familiar with and accept the obligations of	
my position as registered agent. /s/ Caitlin L	Lazarus Caitlin Lazarus, Special Secretary	
my position as registered agent. /s/ Caitlin L 7. Principal Office:	Lazarus Caitlin Lazarus, Special Secretary	
my position as registered agent. /s/ Caitlin L  7. Principal Office: 205 East First Avenue, Suite 200	Signature of Registered Agent  8. Mailing Address: 205 East First Avenue, Suite 200	
my position as registered agent. /s/ Caitlin L  7. Principal Office:	Signature of Registered Agent  8. Mailing Address: 205 East First Avenue, Suite 200  Rome, GA 30161	
my position as registered agent. /s/ Caitlin L  7. Principal Office: 205 East First Avenue, Suite 200  Rome, GA 30161	Signature of Registered Agent  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161	
my position as registered agent.  7. Principal Office: 205 East First Avenue, Suite 200  Rome, GA 30161  9. If limited partnership is a limited liability limited partnership is a limited liability limited.	Signature of Registered Agent  8. Mailing Address: 205 East First Avenue, Suite 200  Rome, GA 30161  Continued partnership, check box	
my position as registered agent. /s/ Caitlin L  7. Principal Office: 205 East First Avenue, Suite 200  Rome, GA 30161  9. If limited partnership is a limited liability limited. Name, principal office address, and mailing	Signature of Registered Agent  8. Mailing Address: 205 East First Avenue, Suite 200  Rome, GA 30161  Continued partnership, check box	
my position as registered agent.  7. Principal Office: 205 East First Avenue, Suite 200  Rome, GA 30161  9. If limited partnership is a limited liability lim 10. Name, principal office address, and mailing Name of General Partner:  205 East First Ave. Suite 200	Signature of Registered Agent  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161  Contied partnership, check box  address of each general partner:  Name of General Partner:	
my position as registered agent.  7. Principal Office: 205 East First Avenue, Suite 200  Rome, GA 30161  9. If limited partnership is a limited liability limited. Name, principal office address, and mailing.  Name of General Partner:  205 East First Ave. Suite 200	Signature of Registered Agent  8. Mailing Address: 205 East First Avenue, Suite 200  Rome, GA 30161  Conted partnership, check box Conted address of each general partner:  Name of General Partner:	
7. Principal Office: 205 East First Avenue, Suite 200  Rome, GA 30161  9. If limited partnership is a limited liability limited partnership is a dimited liability limited. Name, principal office address, and mailing. Name of General Partner:  Street Address:  205 East First Ave., Suite 206  Rome, GA 30161  Mailing Address:	Signature of Registered Agent  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161  Caitlin Lazarus, Special Secretary  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161  Caitlin Lazarus, Special Secretary  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161  Caitlin Lazarus, Special Secretary  8. Mailing Address:  Street Address:  Mailing Address:	
7. Principal Office: 205 East First Avenue, Suite 200  Rome, GA 30161  9. If limited partnership is a limited liability limited. Name, principal office address, and mailing. Name of General Partner:  Street Address:  205 East First Ave., Suite 206  Rome, GA 30161  Mailing Address:	Signature of Registered Agent  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161  Caitlin Lazarus, Special Secretary  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161  Caitlin Lazarus, Special Secretary  8. Mailing Address:  205 East First Avenue, Suite 200  Rome, GA 30161  Caitlin Lazarus, Special Secretary  8. Mailing Address:  Street Address:  Mailing Address:	

Mailing Address: Mailing Address: \_\_\_\_\_

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Name of General Partner	:	Name of Genera	l Partner:	
Street Address:		Street Address:		
Mailing Address:		Mailing Address		
11. Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
12. Attached is a certificate of Florida Department of State, I the law of which it is organize	by the Secretary of State or other o	more than 90 days pric fficial having custody	or to the delivery of this application to the of the entity's records in the jurisdiction under	
Signed this 27th	day of February	,20 23		
	BDCW, LLC			
/s/ Jay Shadday, Authorized Representative				
Signature of a general partner				

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

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.

\$52.50

Certified Copy (optional): \$8.75 Certificate of Status (optional):

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# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BD RC TAMPA HILLSBOROUGH, L.P." 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BD RC TAMPA HILLSBOROUGH, L.P." WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202800682

Date: 02-28-23