M)(1)2

	(Requestor's Name)			
	(Address)			
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	(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	tatus		
Special Instructions	s to Filing Officer:			
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JUN 22 2020

GLASS

JUN 25 2020

COVER LETTER

_	ion of Corporations			
SUBJECT:	BSA Advisers, Inc.			
	Name of o	corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corporeign Corporeign Corporeign Corporation to trans	Good Stand	ing" and check are submit	
Please return	all correspondence concerning	this matter to	o the following:	
Glen Littlejohr	i, Secretary			
		Name of Po	erson	
BSA Advisers.	Inc.			ات. دسن
1.0.1872.411.8		Firm/Comp	any	· :
7900 Oak Land	e, Suite 400			、 >
		Addres	s	<u> </u>
Miami Lakes,	FL 33016			· •
	(City/State and	l Zip code	15: 22
glen@bsaadvis				
	É-mail address: (t	o be used fo	r future annual report noti	fication)
For further in	formation concerning this matt	er, please ca	II:	
Glen Littlejohr	ı at	(216	240-0324	
Nam	e of Person	Area Code	Daytime Telephor	ne Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	DRESS: ion orations
	check for the following amounteck payable to: FLORIDA DEPAing Fee S78.75 Filing F	ARTMENT (■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

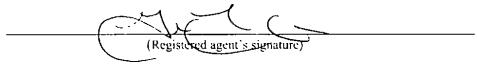
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l.	nc.		
	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(It name unavails	able in Florida, enter alternate corporate name a	• • • • • • • • • • • • • • • • • • • •	
Delaware 2.	3.	(FEI number, if applicable)	
	y under the law of which it is incorporated)	(FEI number, if applical	ble)
4. 3/22/2019	5.		
	of incorporation) 5.	(Date of duration, if other than p	perpetual)
6. None			
7900 Oak Lane. S	Suite 400. Miami Lakes, FL 33016	, , ,	
7900 Oak Lane, S	Suite 400. Miami Lakes, FL 33016 (Principal offic	ee <u>street</u> address)	
7	(Principal offic	g address, if different)	
	(Principal offic	g address, if different)	
	(Principal offic	g address, if different)	12.1.2.2.
8. Name and stree Name:	(Principal office) (Current mailing et address of Florida registered agent: (P.O.)	g address, if different)	
8. Name and stree	(Principal office (Current mailing et address of Florida registered agent: (P.O.) Glen Littlejohn	g address, if different)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Rick McDonald Brian Fitzpatrick □Chairman □ Chairman Name: Name: 15834 NW 91st Avenue 6 Keenland Court □ Vice Chairman Address: □ Vice Chairman Address: , Miami Lakes, FL 33018 Cinnaminson, NJ 08077 □ Director □Director ■ President []President □ Vice President □Vice President □ Secretary ☐Treasurer ■ Treasurer □ Secretary ☐Other _____ □Other _____ □Other _____ Glen Littlejohn Name: ______ Chairman ☐ Chairtnan 8330 Commerce Way, Ste 405 □Vice Chairman Address: □ Vice Chairman Address: Miami Lakes, FL 33016 □ Director ☐ Director □President □President □ Vice President □Vice President _____ □Treasurer □Treasurer □ Secretary **■**Secretary □Other Other Name: ... Name: ______ □ Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director [President □President □ Vice President □ Vice President ☐Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary [∃Other _____ □Other []Other _____ □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.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

Glen Littlejohn, Secretary



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

DELAWARE, DO HEREBY CERTIFY "BSA ADVISERS, INC" IS DULY

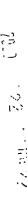
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BSA ADVISERS,"

INC" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2019.





Authentication: 203085949

Date: 06-10-20