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INITIAL TO PH 6: 00
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: BCL OZ DEVELOPMEN	TINC		·
	Nam	ne of corporation	1 - must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign icate of Existence," or "Certifica referenced foreign corporation to	ate of Good Star	nding" and check are subi	et Business in Florida," mitted to register the
Please	return all correspondence conce	rning this matte	r to the following:	
Tracy l	Luo ,			
	, <u></u>	Name of	Person	
Greent	ree Financial Group Inc.			
		Firm/Con	pany	
7951 S	W 6th Street, Suite 216			
		Addr	ess	, , , , , , , , , , , , , , , , , , , ,
Plantat	ion, FL 33324			
		City/State a	nd Zip code	
tracylol	k@gtfinancial.com			
	E-mail addre	ss: (to be used i	or future annual report no	otification)
For furt	ther information concerning this	matter, please o	all:	
Tracy L	.uo	at (954) 675-5918 nine of Person Area Code Daytime Telephone Number		
	Name of Person	Area Cod	e Daytime Teleph	one Number
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Please n	ed is a check for the following are take check payable to: FLORIDA is 00 Filing Fee S78.75 Fil Certificate	DEPARTMENT ing Fee &	OF STATE I \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	siness in Florida)		
Nevada	3. 87	3. 87-3790974			
(State or count) 11/30/2021	y under the law of which it is incorporated)	(FEI number, if applical			
	1/30/2021 5. (Date of incorporation) (Date of duration, if other than				
12/15/2021					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502.				
7931 344 0111 31	reet, Suite 216, Plantation, FL 33324	nturat adduses)			
(Principal office street address)					
	(Current mailing a	ddress, if different)	2022 JAN -7 SECRETAR) FALLAHASS		
Name and stree	et address of Florida registered agent: (P.O. B	lox NOT acceptable)	مرد لسا	[
Name:	R. Chris Cottone		PH 6: 00 OF STATE E.FLORIDA	ו כ	
ffice Address:	7951 SW 6th Street, Suite 216		: 0C		
	Plantation	— , Florida 33324	A		
	(City)	(Zip code)			
aving been nam signated in this	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointmen omply with the provisions of all statutes relat	t as registered agent and agree to	act in this capac	<i>:1</i> 1).	

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	· ·						
Chairman	Name: Michael J. Bongiovanni	□Chairman	Name: R. Chris Cottone				
□Vice Chairman	7951 SW 6th St, Ste 216 Address:	□Vice Chairman	7951 SW 6th St, Ste 216 Address:				
□Director	Plantation, FL 33324	■Director	Plantation, FL 33324				
■ President		□President					
□Vice President		■ Vice President					
☐ Secretary	□Treasurer	■ Secretary	Treasurer				
□Other	□Other	□Other	□Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary	□Treasurer				
□Other	Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐Treasurer ,	□ Secretary	Treasurer				
□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.							
12.	Signature of Director of	r 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.							

13. R. Chris Cottone

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BCL OZ Development Inc, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/30/2021, and is in good standing in this state.

Certificate Number: B202201062287816

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/06/2022.

BARBARA K. CEGAVSKE Secretary of State

Barbara K. Cegarste