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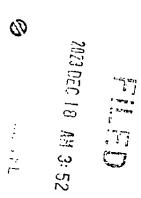
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,
(Document Number)
Certified Copies Certificates of Status
Consist to second as a Silica Office.
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BLP, INC.				
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good Stand	ding" and check are sub-		
Please return all correspondence of	concerning this matter	to the following:		
Julie Carpenter				
	Name of I	Person		
BLP, INC.				
	Firm/Com	pany		
6001 Valley Ranch Dr.				
	Addre	SS		
Little Rock, AR 72223				
	City/State an	ıd Zip code		
corporate@banklabs.com				
E-mail	address: (to be used for	or future annual report n	otification)	
For further information concerning	g this matter, please ca	all:		
Julie Carpenter	501 at (246-5148 ext 102		
Name of Person	Area Code		none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Son Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
_	RIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$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.

BLP, INC.				
(Enter name of c	corporation; must include "INCORPORATED," corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"	
BLP Participate	, Inc.			
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transac	ting business in Florida)	
DE				
	y under the law of which it is incorporated)	(FEI number, if applicable)		
06/27/2023	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
01/01/2024				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		oility)	
6001 Valley Rand	ch Dr., Little Rock, AR 72223			
		street address)		
Name and stree	et address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	ØD	
fice Address:	1201 Hays St.		2023 DEC 18	
	Tallahassee	Florida 32301-2525) <u>:</u> ()	
	(City)	, Florida 32301-2525 (Zip code)	18	
	ent's acceptance: ed as registered agent and to accept service	o of process for the above sta	A	
signated in this rther agree to c	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relevant and accept the obligations of my posi	ent as registered agent and ag ative to the proper and comp	gree to act in this cape	
	Renee Patterson			
	(Registered agent's sign	nature)		

^{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							
■ Chaiπnan	Name: Michael Montgomery	□Chairman	Julie Carpenter Name: BLP, INC. Address:				
□Vice Chairman	Address:	□Vice Chairman					
□Director	6001 Valley Ranch Dr.	□ CIDirector 6001 Valley Ranch Dr.					
□President	Little Rock, AR 72223	□President	Little Rock, AR 72223				
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary	∐ Treas	Surer			
CEO CEO		□Other	Othe	r			
□Chairman □Vice Chairman ■Director	Matt Johnner Name: 4433 Greenbrier Dr. Address: Dallas, TX 75225	□Chairman □Vice Chairman □Director	Name:				
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Trea	surer			
Other	Other	□Other	Othe	r			
□Chairman	John Philpott Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	3835 Cleghorn Ave.	□Director					
□President	Suite 200B	□President					
□Vice President	Nashville, TN 37215	□Vice President					
□Secretary	□Treasurer	Secretary	☐ Trea.	surer			
Other		□Other	Othe	Γ			
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 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.							
(Typed or printed name and capacity of person signing application)							



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

DELAWARE, DO HEREBY CERTIFY "BLP, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2023.

Authentication: 204636723

Date: 11-20-23