F2400005165

(Requestor's Name)	
(Address)	<u></u>
(Address)	
(City/State/Zip/Phone #)	
wait	MAIL
(Business Entity Name)	
(Document Number)	·
Certificates of	Status
Filing Officer:	
	(Address) (Address) (City/State/Zip/Phone #) WAIT (Business Entity Name) (Document Number) Certificates of

Office Use Only



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2024-067-2 711-05-63

2024 OCT -2 AM II: 29

RECEIVED

00T 0 0 2024 K. Brumbies



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 09/23/24 Order #: 1629117-1

Re: BFL ADVISORS, LTD Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

_	stration Section				
SUBJECT:	BFL Advisors	LTD Inc.			
SUBJECT.		Name of corporati	on - r	nust include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," o	oy Foreign Corporation for Certificate of Good Street poration to transact busing to transact busing the contract of the contr	andin	g" and check are subr	
Please return	all correspond	ence concerning this mat	ter to	the following:	
Courtney Kole	:n da				
		Name	of Per	son	
		Firm/Co	əmpai	ıy	
100 Ottawa Av	ve SW				
		Ad	dress		
Grand Rapids,	MI 49503				
		City/State	and	Zip code	
entitymanagen	nent@acrisure.c	om			
	E	-mail address: (to be use	d for	future annual report n	otification)
For further in	formation cond	cerning this matter, pleas	e call:		
Terry Fleeks		at ()	748-0351	
Nam	e of Person	Area C	ode	Daytime Teleph	one Number
Regis Divis The C 2415	EET/COURIE stration Section ion of Corpora Centre of Talla N. Monroe Str hassee, FL 32	tions hassee cet, Suite 810		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
	neck payable to:	Collowing amount: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	□ \$	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

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.

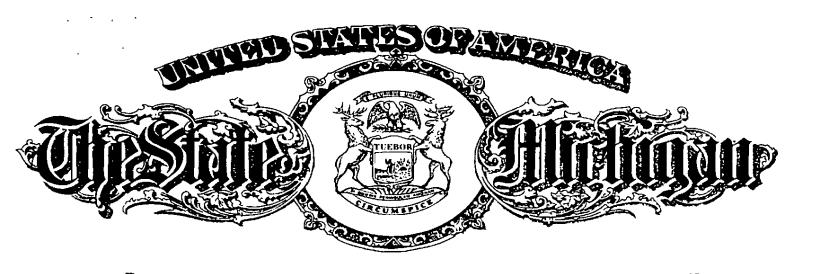
	LTD Inc.			
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co." or "Corp.")	" "COMPANY," "CORPORATION,"	•	
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
Michigan	3.	382265280		
07/12/1070	y under the law of which it is incorporated)	(FEI number, if appl		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
30600 Telegraph		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	-	ce street address)		
	(Tinesparon	sec sirect dudicis)		
	(Current mailin	ig address, if different)		
Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2024-01	
Name and stree	et address of Florida registered agent: (P.C Corporation Service Company	D. Box <u>NOT</u> acceptable)	7024 01 - 4	
Name:		D. Box <u>NOT</u> acceptable)	5;	
Name:	Corporation Service Company 1201 Hays St Tallahassee	, Florida	5;	
Name:	Corporation Service Company 1201 Hays St	32301		
Name: Tice Address: Registered ago aving been nam signated in this rther agree to c	Corporation Service Company 1201 Hays St Tallahassee	Florida 32301 (Zip code) The code of process for the above stated one of the complete of the the complete of the proper and comp	corporation at the plate to act in this capacity	
Name: ffice Address: Registered ago aving been namesignated in this arther agree to condition	Corporation Service Company 1201 Hays St Tallahassee (City) ent's acceptance: red as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes in	Florida 32301 (Zip code) The code of process for the above stated of the complete stated complete sition as registered agent.	corporation at the plate to act in this capacity	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Name: ____ Kolenda □Chairman · □ Chairman Name: 100 Ottawa Ave SW ☐ Vice Chairman Address: □ Vice Chairman Grand Rapids, MI 49503 ■ Director □ Director □ President □ President □ Vice President _____ ☐ Vice President □Treasurer □ Secretary □ Secretary □Treasurer ☐ Other _____ Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: ______ Address: _____ □Vice Chairman Address: □ Vice Chairman □ Director □ Director □ President □President □Vice President _______ ☐ Vice President □Treasurer ☐ Secretary □ Secretary ☐ Treasurer □ Other _____ □Other _____ □Other _____ ☐ Other _____ ☐ Chairman ☐ Chairman □Vice Chairman Address: □ Director □ Director □ President □ President □Vice President ___ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □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. Kolenda 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. Courtney Kolenda - Director



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

BFL ADVISORS, LTD

was validly incorporated on July 18, 1979 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of September, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 24090493609