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TACLAHASSEE, FIRME

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	s					
ciid i	ECT.	BGK Inv	estments, LLC				
SUBJ	ECI:	Name of Lir	nited Liability Company				
The er Existe	nclosed "Application by Forence, and check are submitted	eign Limited Liability Co I to register the above re	ompany for Authorization ferenced foreign limited	n to Transact Business i liability company to tra	n Florida," Certificate of nsact business in Florida		
Please	return all correspondence co	oncerning this matter to	the following:				
		Tra	ıvis Bolster				
			Name of Person		_ 		
		BGK Investments, LLC					
			Firm/Company				
		3705 Har	dy Street Su	ıite 30			
			Address				
	Hattiesburg, MS 39402						
		City/State and Zip Code					
		clayko	penig@gmail.co	om			
		E-mail address: (to be	used for future annual repor	t notification)			
For fu	rther information concerning	this matter, please call:					
	Clay Ko	enig	at (504)	905-0837			
		Contact Person	Area Code	Daytime Telephone I	Number		
	MAILING ADDRESS:		EET ADDRESS:				
	Division of Corporations		sion of Corporations				
	Registration Section		stration Section				
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314		Executive Center Circle hassee, FL 32301	•	k.		
Enclo	osed is a check for the fo	ollowing amount:					
	\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	& □ \$155.00 Filing F Certified Copy		ing Fee, Certificate Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BGK Investments, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") State of Mississippi 46-3850142 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 12/1/2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3705 Hardy Street Suite 30 Hattiesburg, MS 39402 (Street Address of Principal Office) Same (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manager is Travis Bolster - Owner - Address same as above Clay Koenig - Owner - Address same as above 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.) Clay Koenig Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
BGK Investments, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Clay Koenig	
(Name)	TALI
1603 West Tennessee Street	4 NOV 25 ECRETAR LL AHASS
Florida Street Address (P.O. Box NOT ACCEPTABLE)	25 TARY ASSE
Tallahassee, FL 32304	OF SO
City/State/Zip	; 43 STATE JORIDA
Having been named as registered agent and to accent service of process for the abo	ve stated limited

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BGK INVESTMENTS, LLC

Registered the 9th day of October, 2013

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

309 South 40th Avenue (39402);P O Box 15517 Hattiesburg, MS 39404-5517

And that the registered agent at that address is:

Arrington, Derek R

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 18th day of November, 2014

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN14002789

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx