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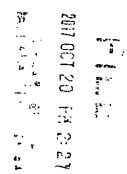
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

,,,	ation Section 1 of Corporation	s				
SUBJECT: BC	M DEVELOPM		imited Liability (Сотралу		
The enclosed "Ap Existence, and ch	pplication by Fore	eign Limited Liability Compa to register the above referen	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in Florida," Certii company to transact business in	ficate of Florida
Please return all	correspondence co	oncerning this matter to the f	ollowing:			
	ARNOLD BE	···	me of Person			
		Na	me of Person			
	BCM DEVE	LOPMENT, LLC				
		Fir	m/Company			
	5044 TERR	A LAKE CIR				
			Address			
	PENSACOLA,		<u> </u>			
		City/St	ate and Zip Code			
-	INFO@ B	CMDEVELOZMENT E-mail address: (to be used	(116.00			
		E-mail address: (to be used	for future annual	report not	fication)	
For further inform	mation concerning	g this matter, please call:				
ARNO	OLD BREDES	SEN	_{at (} 757	675-0	734	
-,	Name o	Contact Person	Area Code	Day	time Telephone Number	
Division	NG ADDRESS: n of Corporations			Division of	ADDRESS: of Corporations	
Registra P.O. Bo	ution Section x 6327			Registrati Clifton Bi	on Section uilding	
	ssee, FL 32314			2661 Exe	cutive Center Circle ce, FL 32301	
	eck for the following to the control of the control	ing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate

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

IN COMPLIANCE WITH SPUTION 605.0002 PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A PORTEON LIMITED LABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

(• · 	,	• • • •	ted Lizbility Company," "L.L.C.," or "I			
If name unavailable, enter all Liability Company," "L.L.C,"		he purpose of transacting	business in Florida. The alternate name	must includ	le "Limi	ted
2. NEVADA		3				
(Jurisdiction under the law company is organized)	of which foreign limited li	ability	(FEI number, if applicable)			
l	(Date first transactions 605.09	ted business in Florida, if 04 & 605,0905, F.S. to d	prior to registration.) etermine penalty liability)	•	23	
5 5044 TERRA LAKE (CIR, PENSACOLA, FI	L 32507			==:	o- · ·
··				7 :-	33	i i i i i i i i i i i i i i i i i i i
	(Street A	ddress of Principal Office)	k F	N3	ires.
5, 5044 TERRA LAKE C	,	•	,	<u>.</u> : -	0	
5. <u>0044 EKKO (B K.E C</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ਹਾਂ ਹ		
				., 1 40 %	\sim	
		(Mailing Address)		a	r√2 -~ej	
7. Name and street addres	ss of Florida registered a	igent: (P.O. Box <u>NOT</u>	acceptable)	_		
Name:	Registered Agents I	nc.				
Office Address:	3030 N. Rocky P	oint Dr. STE 150.	<u>4</u>			
	Tampa		, Florida 33607			
	· · · · · · · · · · · · · · · · · · ·	(City)	(Zip code)			
designated in this applica	rgistered agent and to a tion, I hereby accept th ons of all statutes relati	e appointment as regis ive to the proper and c	s for the above stated limited liabilitered agent and agree to act in this omplete performance of my duties,	capacity.	I furth	er agree
		-				
			authority to manage is/are:	2507		
ARNOLD BREDES	EN, MANAGER, 5	044 LERRA LAK	E CIR, PENSACOLA, FL 3	2507		
LEWIS CATRONE,	MANAGER, 5044	TERRA LAKE C	IR, PENSACOLA, FL 3250	7		
ADAM MILLER, MA	NAGER, 5044 TE	RRA LAKE CIR,	PENSACOLA, FL 32507			
 Attached is a certificate jurisdiction under the law of the translator must be st 	of which it is organized ubmitted)	. (If the certificate is in	uthenticated by the official having c a foreign language, a translation of	ustody of the certific	records ate und	in the er oath
	F79638	r Signature of an authorize	ed person			
This document is executed submitted in a document to	d in accordance with sec	tion 605.0203 (1) (b), te constitutes a third de	Florida Statutes. I am aware that any gree felony as provided for in s.817.	false infor 155, F.S.	mation	

ARNOLD BREDESEN

Typed or printed name of signee

SECRETARY UF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified 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, corporation soles, 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, **BCM DEVELOPMENT, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 13, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 2, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20171002-0876
You may verify this electronic certificate
online at http://www.nvsos.gov/