## M18000005907

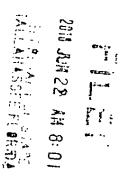
| (Requestor's Name)                      |              |           |  |  |  |  |  |
|---|--------------|-----------|--|--|--|--|--|
| (Address)                               |              |           |  |  |  |  |  |
| (Add                                    | dress)       | <u>-</u>  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |              |           |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT       | MAIL      |  |  |  |  |  |
| (Business Entity Name)                  |              |           |  |  |  |  |  |
| (Document Number)                       |              |           |  |  |  |  |  |
| Certified Copies                        | Certificates | of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |              |           |  |  |  |  |  |
|   |              |           |  |  |  |  |  |
|   |              |           |  |  |  |  |  |
|   |              |           |  |  |  |  |  |





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J. HARRIE

## COVER LETTER

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TO:

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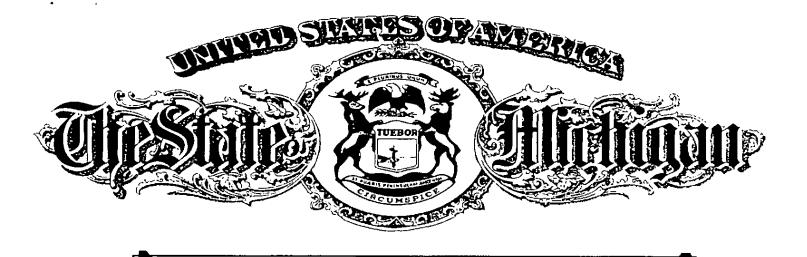
| TO:  |                               |                 | on Section<br>f Corporation   | ıs   |  |                          |   |                            |
|--|-------------------------------|-----------------|---|--|--|--------------------------|---|----------------------------|
| SUBJE  | CT:                           | вом             | PROPERTI  | ESLLC  |  |                          |   |                            |
| 00000  | <b>.</b>                      |                 |   | Name of  | Limited Liability Co                         | ompany                   |   |                            |
| The enc  | losed<br>ce, an               | "App<br>d chec  | lication by For<br>k are submitte   | eign Limited Liability Comp<br>d to register the above refer                 | pany for Authorizati<br>enced foreign limite | on to Tra<br>d liability | ansact Business in Florida," Ce<br>y company to transact business | rtificate of<br>in Florida |
| Please re  | eturn                         | all co          | rrespondence o  | concerning this matter to the  | following:                                   |                          |   |                            |
|  |                               | ŀ               | MARSHA SIH  | A  |  |                          |   |                            |
|  |                               | _               |   | N  | ame of Person                                |                          |   |                            |
|  |                               | 1               | NCFILE.CON  | 1 LLC  |  |                          |   |                            |
|  |                               | _               |   | F  | irm/Company                                  |                          |   |                            |
|  | 17350 STATE HWY 249 SUITE 220 |                 |   |  |  |                          |   |                            |
|  |                               | _               |   |  | Address                                      |                          |   |                            |
|  | HOUSTON TX 77064              |                 |   |  |  |                          |   |                            |
|  |                               |                 |   | City/S   | state and Zip Code                           | _                        |   |                            |
|  |                               | m               | arsha@incfile   | e.com  |  |                          |   |                            |
|  |                               | _               |   | E-mail address: (to be use   | d for future annual                          | report no                | tification)   |                            |
| For furt   | her in                        | ıforma          | tion concernin  | g this matter, please call:  |  |                          |   |                            |
|  | MA                            | RSH             | A SIHA  |  | 888<br>at (                                  | 462-34                   | 453 X 701   |                            |
|  |                               |                 | Name o  | of Contact Person  | Area Code                                    | Day                      | ytime Telephone Number  |                            |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |                               |                 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |                          |   |                            |
| Enclose  | d is a<br>■ S                 | check<br>125.0( | for the follow<br>Filing Fee  | ing amount:  \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status} | □ \$155.00 Filing<br>Certified Copy          | ş Fee &                  | S160.00 Filing Fee, Certi<br>of Status & Certified Copy           | ficate                     |

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| , BDM PROPERTIES   | II C   |   |  |   |
|--|--|---|--|---|
| 1.   | eign Limited Liability Company; must i   | include "Limited Liabil                           | ity Company," "L.L.C.," or                                 | "ĹŁC.")   |
| (If name unavailable, enter a<br>Liability Company," "L.L.C.                         | Iternate name adopted for the purpose o  | of transacting business i                         | n Florida. The alternate nam                               | ne must include "Limited                              |
| 2. Michigan  |  |   |  |   |
|  | of which foreign limited liability   | 3   | (FEI number, if applicable)                                |   |
| 4 N/A  |  |   |  |   |
|  | (Date first transacted business<br>(See sections 605.0904 & 605.09   | in Florida, if prior to re                        | gistration.)<br>enalty liability)                          | -   |
| 5. 5203 SW 102 Court   |  |   |  | _   |
| Miami, FL 33165  |  |   |  |   |
|  | (Street Address of Pri   | ncipal Office)                                    |  | -   |
| 6. 5203 SW 102 Court   |  |   |  | -   |
| Miami, FL 33165  |  |   |  |   |
|  | (Mailing Ad  | dress)  |  | •   |
| 7. Name and street address   | ss of Florida registered agent: (P.O.  | . Box <u>NOT</u> acceptab                         | le)  |   |
| Name:  | Bryan Baez   |   |  | 57  |
| Office Address:  | 5203 SW 102 Court  |   |  | 000   |
|  | Miami  |   | Florida 33165  |   |
| Registered agent's accep   | (City)   |   | (Zip code)   | Sign 70   |
| designated in this applica<br>to complywith the provisi                              | gistered agent and to accept servicion, I hereby accept the appointments on all statutes relative to the promy position as registered agent.  (Registere | ent as registered age                             | nt and agree to act in thi                                 | is capacity. I further agree                          |
| 8. The name, title or capa   | acity and address of the person(s) w   | ho has/have authority                             | y to manage is/are:  |   |
|  | 5203 SW 102 Court Miami FL   |   |  | <u>-</u>  |
| 9. Attached is a certificate jurisdiction under the law of the translator must be st | of existence, no more than 90 days of which it is organized. (If the cert ubmitted)  | ificate is in a foreign                           | language, a translation of                                 | custody of records in the fthe certificate under oath |
| This document is executed submitted in a document to                                 | in accordance with section 605,020 the Department of State constitutes   | 03 (1) (b), Florida Sta<br>s a third degree felon | itutes. I am aware that any<br>y as provided for in s.817. | r false information<br>.155, F.S.                     |

Typed or printed name of signee



Lansing, Michigan

Department of Licensing and Regulatory Affairs

This is to Certify That

BDM PROPERTIES LLC

was validly authorized on June 15, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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

Certificate Number: 18065954930

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of June, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau