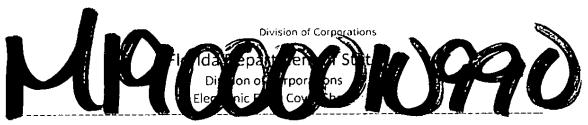
11/8/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000330547 3)))



Division of Corporations			
Fax Number (850)617	-6383		
n;			
Account Name : REGISTE			
Account Number : 120090 Phone : (307)200-28			
Fax Number : (855)330			
	**Enter the email address for this busin	less entity to be used for future	7.0
	annual report mailings. Enter only o	one email address please.**	
1	Email Address:		2015
	Foreign Limited Liab	illity Company	
	BG011 L		
	Certificate of Status	0	
	Certified Copy	0	
	Page Count	04	
	Estimated Charge	\$125.00	
	Committee division	· · · · · · · · · · · · · · · · · · ·	

T GLASS

NOV 1 5 2019

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

New York		The alternate name must include "Limited Earlilly Company 83-4716144		
(Jurishetton under the law of which foreign limited hability company is organized)		3. (Etil number, if applicable)		
	Date first transacted business in Florida, it prior to reg (See sections 635 0004 & 605 0005, F.S. to determine	istration )		
7901 4th St N		<sub>6</sub> 7901 4th St N		
(Street Address of Principal Office)  STE 300		STE 300		
St. Petersburg FL 33702		St. Petersburg FL 3	3370 <u>2</u>	
ame and street addre	as of Florida registered agent: (P.O. Box )	<u>VOT</u> acceptable)	ب بن	
Name:	Northwest Registered Age	nt LLC	<u>-</u>	
Office Address:	7901 4th St N STE	300		
	St. Petersburg	33702		

Title or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
Manager	Name: Dejan Bajkovic	Manager	Name:	
□Member	Address: 7901 4th St N STE 300	Member	Address:	
Authorized	St. Petersburg FL 33702	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
□Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person	-12-1	Person		
Other	Other	Other		Other 2
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address: _	<u> </u>
Authorized		Authorized		<u>-</u>
Person		Person		
Other	Other	Other		Other
<ul><li>9. Attached is a ce jurisdiction under of the translator m</li><li>10. This document</li></ul>	Use an attachment to report more than six (6), s may be added to the index when filing your lattificate of existence, no more than 90 days old the law of which it is organized. (If the certifical the submitted)  is executed in accordance with section 605.02 ament to the Department of State constitutes a feature of the department of the section of the department of the d	florida Department of Sta l, duly authenticated by t ate is in a foreign langua 03 (1) (b), Florida Statut	ate Annual Rep he official havi ge, a translation es. I am aware t	ort form.  ng custody of records in the confidence of the certificate under oath that any false information
		or of an authorized person		

Typed or printed name of signer

## State of New York Department of State } ss:

I hereby certify, that BG011 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/10/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of November two thousand and nineteen.

Brendan C. Hughes Executive Deputy Secretary of State

Breden C. Hydra

201911060464 \* MG