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11. 88 m. Minimin J TO:

Registration Section **Division of Corporations**

	ΒZ	PRO	PER'	TY F	IND	ERS,	LL(
DECT.		—				,		_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

r tease return an correspondence concerning this matter to	the following.				
Yvette Basile					
	Name of Person				
BZ PROPERTY F	INDERS, I	LC			
	Firm/Company	-			
17847 Dansville D)r				
	Address				
Spring Hill, FL 346	310				
Ci	ty/State and Zip Code				
ybasile55@gmail.d	com				
E-mail address: (to be	used for future annual	report notifica	ition)		
For further information concerning this matter, please call	:				
Yvette Basile	_{ar} 925	625-8	3800		
Name of Contact Person	Area Code	Daytime	: Telephone Number		
MAILING ADDRESS:		STREET ADDRESS:			
Division of Corporations Registration Section		Division of Corporations Registration Section			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:					
Please make check payable to: FLORIDA DEP			—		
S125.00 Filing Fee \$130.00 Filing F		Filing Fee & d Copy	☐ \$160.00 Filing Fee, Certificate of Status & 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:

BZ PROPERTY	' FINDERS, LLC Limited Liability Company; must include "Lim					
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Comp	any." "L.L.C.,	," or "EEC.")		
off name unavailable, enter alternate na	me adopted for the purpose of transacting business in	Florida. The alternate n	ame must include	e "Limited Liability (Company," "L.L.C." of	
Nevada		3.				
(Jurisdiction under the law of which foreign limited liability company is organized		···	(FEI number, if applicable)			
4					_	
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration.) rmine penalty liability)				
_{s.} 17847 Dar	_{6.} <u>17</u>	847 [Dansvil	lle Dr		
(Street Address of P	,	_		(Mailing Address)	0020	
Spring Hill,	FL 34610	Sp	ring l	HIII,	<u> 24610</u>	
				68.4 10.0	F	
					D D	
7. Name and street addres.	s of Florida registered agent: (P.O. B	ox <u>NOT</u> accepta	able)	TO A	년 원 전	
Name:	Registered Ager	its Inc.	_			
Office Address:	7901 4th St N S	ΓE 300				
Silve Hades.	St. Petersburg		- Florida	33702		
	(City)		_ , , , , , , , , , , , , , , , , , , ,	(Zip code)	_	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Yvette Basile Name: Ivan Rodriguez ✓ Manager ✓ Manager Address: ___ 17847 Dansville Dr Address: 17847 Dansville Dr Member Member Spring Hill, FL 34610 Spring Hill, FL 34610 Authorized Authorized Person Person Other Other Other Other Name: ____ Manager Address: ■ Member Address: Authorized Authorized Person Person Other Other___ Other Other Name: ____ Manager Manager Member Address: _____ Member | Address: ☐ Authorized Authorized Person Person Other____ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Yvette Basile

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, **BZ PROPERTY FINDERS, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/20/2019, and is in good standing in this state.

Certificate Number: B20200109500334

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/09/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State