

W20000005031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

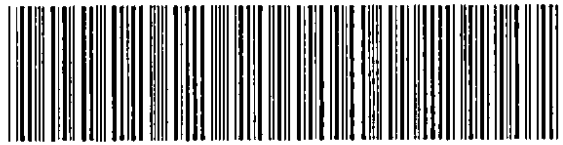
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W20000051850  
00643 00524  
W20000042321  
00643

Office Use Only



400343724964

04/28/20--01:14:00 \$4260.00

RECEIVED  
TALLAHASSEE, FLORIDA

2020 APR 28 AM 8:24

2020 APR 28

5/8/20

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BSW PROPERTIES, LLC

\_\_\_\_\_  
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:

Frances C. Lowe, Esq.

\_\_\_\_\_  
Name of Person

Frances Casey Lowe, P.A.

\_\_\_\_\_  
Firm/Company

68-A Feli Way

\_\_\_\_\_  
Address

Crawfordville, Florida 32327

\_\_\_\_\_  
City/State and Zip Code

francie@francelowe.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Maloni

850

916-8245

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2007-01-22 11:03:58

**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:*

1. BSW Properties, 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.")

2. Alabama 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 to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 106 Springhill Road 6. 106 Springhill Road  
(Street Address of Principal Office) (Mailing Address)

Millport, AL 35576 Millport, AL 35576

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

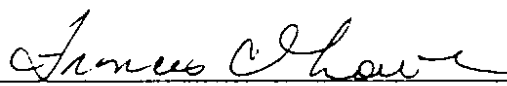
Name: Frances C. Lowe

Office Address: 68-A Feli Way

Crawfordville 32327  
(City) Florida (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)

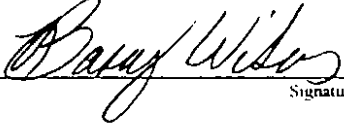
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Barry Wilson</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>106 Springhill Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Millport, AL 35576</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Barry Wilson</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_  
Signature of an authorized person  
Barry Wilson  
\_\_\_\_\_  
Typed or printed name of signee

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that BSW Properties, LLC was  
formed in Lamar County, Alabama on September 16, 2015. The Alabama Entity  
Identification number for this entity is 345-082. I further certify that the records do  
not disclose that said entity has been dissolved, cancelled or terminated.



20200602000026168

In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.

06/02/2020

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State

2020 JUN -2 PM 3:53



*Frances Casey Lowe, P.A.*

---

June 2, 2020  
VIA HAND DELIVERY

Florida Department of State  
Division of Corporation  
Attn: Sharon D. Franklin  
P.O. Box 6327  
Tallahassee, FL 32314

REC  
6/2/20

Re: BSW Properties, LLC  
Reference No. W20000051859

Ms. Franklin:

Please find enclosed with this letter the Certificate of Existence for With the Tide, LLC, requested in your letter dated May 27, 2020, which has also been attached for your reference.

If you should need anything further, please let me know.

Sincerely,

*Frances C. Lowe*  
Frances C. Lowe

2020 JUN -2 AM 3:53

Enclosure(s)

STATE OF ALABAMA

§

§ ss.

LAMAR COUNTY

§

**CERTIFICATE OF FORMATION**  
**OF**  
**BSW PROPERTIES, LLC**

Alabama Sec. Of State	New Entity 345-082 Date 9/21/2015 Time 17:00 151014 3 Pg	DLL File \$100.00 Ackn \$.00 Exp \$.00	Total \$100.00 01/021
--------------------------	--	---	--------------------------

The undersigned organizer, for the purpose of forming a limited liability company under chapter 5A of title 10A of the *Code of Alabama* (1975), as amended, hereby files the following Certificate of Formation with the Office of Probate Judge of the county in which the initial registered office of the limited liability company will be located and affirms that the facts stated in this Certificate of Formation are true and correct.

**SECTION 1. NAME OF COMPANY**

The name of the limited liability company is BSW Properties, LLC (the "Company").

**SECTION 2. INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address and mailing address of the initial registered office of the Company is 106 Springhill Road, Millport, Alabama 35576. The name of the initial registered agent for service of process at the foregoing address is Barry Wilson.

**SECTION 3. INITIAL MEMBER**

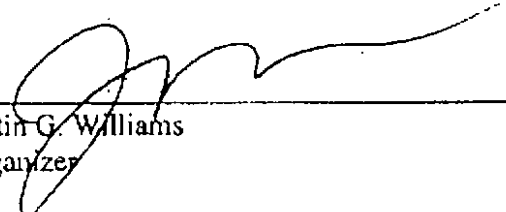
There is at least one member of the Company.

**SECTION 4. ADDITIONAL MEMBERS**

*Important Notice:* Transfers of membership interests in the Company may be subject to certain restrictions set forth in the Limited Liability Company Agreement.

**[REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY.]**

IN WITNESS WHEREOF, the undersigned organizer has executed this Certificate of Formation on this the 9<sup>th</sup> day of September, 2015.

  
Justin G. Williams  
Organizer

THIS DOCUMENT PREPARED BY:

Justin G. Williams  
CAMPBELL, GUIN, WILLIAMS, GUY & GIDIERE, LLC  
Attorneys at Law  
2711 University Boulevard (35401-1465)  
P.O. Box 3206  
Tuscaloosa, Alabama 35403-3206  
Telephone: (205) 633-0200  
Facsimile: (205) 633-0290  
www.campbellguin.com

2015.09.16 - 2 PM 3:53

JAMAH COUNTY, ALABAMA

I hereby certify that the instrument was filed for Record in

office on the 16<sup>th</sup> day of Sept. 20 15

at 3:30 o'clock pm and was recorded

Book No. 2 of LLC on page 420-421

Recording Fee 50.00 Mfg. Tax \_\_\_\_\_ Deed Tax \_\_\_\_\_

Mineral Tax \_\_\_\_\_ Total Fees 50.00

Johnny Rogers Judge of Probate