N200000507

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phone	- #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		



800347749298

07/23/20--01013--034 *#125.00

RECEIVED
JUL 1 6 2020

FILED
2020 JUL 16 PH 3: 32
THE FARSTER FRINGE

Office Use Only

7/24/20

TO:

Registration Section
Division of Corpurations

CAPITAL INVESTMENTS, 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:

rease retarn an correspondence concerni	ig this matter to the for	owing.				
Beth Corre	а			ن	70	
	Name	of Person		4.2 2.2	70 J	
BC CAPITA	AL INVEST	MENT	S, LLC	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	UL 16	
	Firm/	Company				777
4730 south	fort apach	e road	suite 3	00	PM 3: 32	じ
	Ae	idress			需 %	
las vegas,	NV 89147				ッ	
	City/State	and Zip Code				
beth.correa	@earthlink	.net				
E-mail	address: (to be used for	future annual r	eport notification	on)		
For further information concerning this ma	tter, please call:					
Beth Correa	at	,206 .	915-56	686		
Name of Contac		Area Code	Daytime T	elephone Num	ber	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314] 	STREET ADD Division of Con Registration Sec Clifton Building 2661 Executive Fallahassec, FL	porations etion S Center Circle		
Enclosed is a check for the follow		NOT OUT OF A SEC	-			
Please make check payable to: FI	ORIDA DEPARTME 130.00 Filing Fee & Certificate of Status	_	iling Fee &		iling Fee, Cert & Certified Co	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida. The alternative	ate name trust include "Limited Liability Compan	y," "L.L C," or "LLC,")
Nevada	1		
(Jurisdiction under the law of v	thich foreign limited liability company is organized)	(Fl:l number, if applicate	2020 JU
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liab).	inty)	
4730 south fort a		ì	得受った。) Fsuite 300 『日
(Street Address of	Principal Office) 6	730 south fort apache road (Multing Address)	
Las Vegas	s, NV 89147 L	as Vegas, NV 8	9147
			<u> </u>
	<u> </u>		
N	CPI 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
. Name and street addre	ss of Florida registered agent: (P.O. Box <u>NOT</u> acco	ptable)	
Name and street address Name:	Registered Agents Inc.		
		·	
Name:	Registered Agents Inc. 7901 4th St N STE 300	·	
Name:	Registered Agents Inc.	·	
Name: Office Address: degistered agent's acceptaving been named as resignated in this applicate comply with the provisi	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (Cny) tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registered tons of all statutes relative to the proper and comple), Florida 33702, Florida tive code) the above stated limited liability code agent and agree to act in this cap	acity. I further agree
Name: Office Address: degistered agent's acceptaving been named as resignated in this applicate comply with the provisi	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registered), Florida 33702, Florida tive code) the above stated limited liability code agent and agree to act in this cap	acity. I further agree

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]: Title or Capacity: Name and Address: Title or Capacity; Name and Address: Name: Beth Correa ✓ Manager Name: Member ☐ Member Address: Las Vegas, NV 89147 ☐ Authorized ☐ Authorized Person Person Other Other__ Other_ Other. Manager Manager | ☐Member Address: ☐ Member Address: ■Authorized Authorized Person Person Other____ Other_ Other Other Manager Name: ■ Manager Name: ____ 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. Beth Correa

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. **BC CAPITAL INVESTMENTS, 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 04/05/2019, and is in good standing in this state.



Certificate Number: B20200707905946

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 07/07/2020.

Barbara K. Cegarske BARBARA K. CEGAVSKE

Secretary of State