

5/6/2021

Division of Corporations

M21 000005477

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000183640 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLSECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY 6 AM 11:08

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**Foreign Limited Liability Company
FT BHWC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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*****HONOR ORIGINAL DATE 05-06-2021*****

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Corporate Filing Menu

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May 7, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: FT BBWC, LLC
REF: W21000062936

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H21000183640
Letter Number: 721A00009611

HONOR ORIGINAL DATE 05-06-2021

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

IN COMPLIANCE WITH SECTION 609.02, FLORIDA STATUTES, BY EXECUTING AND SUBMITTING TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. FTBHW, LLC

(Name of Foreign Limited Liability Company, please include full legal name of company, "LLC" or "LTD")

(If name unavailable, then alternative name assigned for the purpose of transacting business in Florida. The alternative name must include "Limited Liability Company" or "LLC" or "LTD")

2. Delaware

85-4254726

(Jurisdiction under the law of which foreign limited liability company is organized) (Taxpayer ID number)

4. _____

(State from transacted business in Florida, if prior to registration; if not, select one of FL001 & 002, P.L. No. 2000-26, pending liability)

5. 3817 Bedford Ave STE 220

3817 Bedford Ave STE 220

(Street Address in Florida (if office))

6. _____

(Mailing Address)

Nashville, TN 37215

Nashville, TN 37215

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324

(City) (Zip Code)

(State) (Zip Code)

FILED
2021 MAY 10 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FL

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.

By: Sandra Zwick C T Corporation System

(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>
☒ Manager	Name <u>John Pryor Smartt</u>	☐ Manager	Name: _____
☐ Member	Address <u>3817 Hedford Ave STE 220</u>	☐ Member	Address: _____
☐ Authorized	<u>Nashville, TN 37215</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ 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. 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.

John Pryor Smartt

Signature of an authorized person

John Pryor Smartt

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FT BHWC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



4397193 8300

SR# 20211624860

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203141973

Date: 05-06-21