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From:

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Phone

Account Number : I20090000081 : (307)200-2803

Fax Number

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## **Foreign Limited Liability Company Bedward Allen Consultants LLC**

Certificate of Status	0
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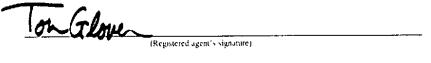
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT RUNINGSS IN THE STATE OF FLORIDAL

Bedward Allen (					
(Name of Foreign L	imited Liability Company; must include "Limited	Hability Company," "L.L.C.," or "U.C.")			
Of name an available, enter alternate na	me adopted for the number of transacting business in Flan	nda. The alternate name must include "Limited Liability Compa	m," "L L C," or "LLC ")		
TEXAS	and the state of t	87-2155935			
2. (Jurischetion under the law of whi	ch foreign lamited liability company is organized)	3. (FEI number, if applicable)			
4	(Date first transacted business in Florida, if prior to a (See sections 608 0904 & 608 0905, F.S. to determine	egistration.) ic penalty (arbitry)			
7901 4th St	N STE 300	7901 4th St N STE 300			
Street Address of Pr	incipal Office)	O. (Mailing Address)	7021		
			13 07 E		
St Petershi	ırg FL 33702	St. Petersburg FL	33702		
<u> </u>	11912 33702	Ot. 1 Ctorobary 1 E	3		
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	# 5: 54		
			LIE +		
Name:	Northwest Registered Ag	ent LLC			
7901 4th ST N STE 300					
Office Address:	7501 1111 01 74 01				
	St. Petersburg	, Florida 33702			
	(City)	(Zip code)			

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.



Title or Capacity:  ☐Manager  ☐Member  ☐Authorized  Person  ☐Other	Name and Address:  Name: Kamiece Bedward  Address: 7901 4th St N STE 300  St. Petersburg FL 33702	Title or Capacity:  ☐ Manager  ☑ Member  ☐ Authorized  Person	Name: Name and Address: Christina Allen  Address: 804 E. Windward Way #105  Lake Worth FL 33462					
☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Name:	☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Name:					
☐ Manager ☐ Member ☐ Authorized	Name:	☐ Manager ☐ Member ☐ Authorized	Name:Address:					
Person  Other  O								
of the translator must 10. This document is submitted in a document	s executed in accordance with section 605.0203 (ment to the Department of State constitutes a third	1) (b), Florida Statutes. I degree felony as provi	I am aware that any false information ded for in s.817.155, F.S.					

Lyped or printed name of signce

Jose A. Esparza Deputy Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Bedward Allen Consultants LLC (file number 804181363), a Domestic Limited Liability Company (LLC), was filed in this office on August 06, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 20, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1080303270007