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COYER LETTER

TO:	Registration Section Division of Corporations	
SUBJEC	BDRC LLC	
		Name of Limited Liability Company
The enclo Existence	osed "Application by Foreign Limited Lia c, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida." Certificate of above referenced foreign limited liability company to transact business in Florida.
	turn all correspondence concerning this m	
	Carolyn H. Specht	
		Name of Person
	CHS Business Consultants, Inc.	
		Firm/Company
	50 Montrose Road	
		Address
	Yonkers, NY 10710	
	сысын@gmail.com	City/State and Zip Code
For fur tie	t-mail address: or information concerning this matter, plea	(to be used for future annual report notification) ase cali:
-	Carolyn H. Specht	914 961-1649
	Name of Contact Person	Area Code Daytime Telephone Number
1] 1	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
P	inclosed is a check for the following amounted to the check payable to: FLORIDA S125.00 Filing fee S125.00 Filing fee Certific	DEPARTMENT OF STATE

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

IN COMPLIANCE, WITH SECTION 605.0802 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCIV LIMITED DARRITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in f	Source the response using units untitle . Transc fired	aly Company." "L.E.E." or "EEC"
Delaware Derediction under the law of	which foreign limited liability company is organized)	3. 81-0796191 (FEI number, i	ti appharable)
. Upon Filing	tilate first transacted business in Florida, if prior to	Shall make a	
	(See sections 605,0904 & 605,0905, F.S. to deterin	use penalty liability)	
i. 824-A Lake Avenue, Stron Addiess of Princip (Odice)	Suite 355	6. 50 Montrose Road (Mixbog Address)	
Lake Worth, FL 3346	0	Yonkers, NY 10710	
			2021
-			
			工艺
. Name and street addre	as of Florida registered agent: (P.O. Box	NOT acceptable)	EP 28
. Name and street addre	of Florida registered agent: (P.O. Box	NOT acceptable)	28 NRY
Name and street addre	os of Florida registered agent: (P.O. Box NRAI Services, Inc.	NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
		NOT acceptable)	28 NRY
Name:	NRAI Services, Inc.	NOT acceptable)	28 AHII:
Name:	NRAI Services, Inc. 1200 South Pine Island Road		28 AHII:
Name: Office Address: Registered agent's accep	NRAI Services, Inc. 1200 South Pine Island Road Plantation (Cay)	. Florida <u>33324</u> (Zip code)	28 AM II: 22
Name: Office Address: legistered agent's accellaving been named as menignated in this application of the province of the provi	NRAI Services, Inc. 1200 South Pine Island Road Plantation (Cay) Stance: gistered ugent and to accept service of pation, I hereby accept the appointment unions of all statutes relative to the primer	. Florida 33324 (Zip code) process for the obove stated limited liab	28 AH II: 22
Name: Office Address: Registered agent's acceptoring been named as many been named as many been named as many been named as many with the proving comply with the proving	NRAI Services, Inc. 1200 South Pine Island Road Plantation (Cay) Stance: gistered ugent and to accept service of pation, I hereby accept the appointment with the appointment of the	. Florida 33324 (Zip code) process for the obove stated limited liab	28 AH II: 22

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: ☐ Manager Name: Karcem Burke □Manager Name: Member Address: 824-A Lake Avenue, Suite 355 □Member Address: _____ ☐ Authorized Lake Worth, FL 33460 □Authorized Person Person □Other____ □Other____ □Other____ \square Manager Name: ⊡Мапаger 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____ 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 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 Karcem Burke

Typed or printed name of signee

ACT 1201/2000 Wallow Phone Challen

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BDRC 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BDRC LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 204265531

Date: 09-28-21

5902794 8300 SR# 20213359484