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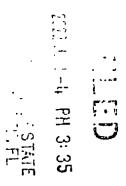
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COVER LETTER

то:		tration Section on of Corporations				
SUBJE		TC Investments LLC				
Name of Limited Liability Company						
The enc Existen	closed "/ ce, and o	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florid			
Please r	eturn al	l correspondence concerning this matter t	o the following:			
		Brandon Copeland				
			Name of Person			
		BTC Investments LLC				
	Firm/Company					
	154 Hideaway Beach Lane					
			Address			
		Kissimmee, Florida 34746				
		C	City/State and Zip Code			
		Bterei@gmail.com				
		E-mail address: (to be	e used for future annual report notification)			
For furt	her info	rmation concerning this matter, please cal	11:			
Brandon Copeland		on Copeland	443 8312402 at ()			
		Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:			Street Address:			
Registration Section			Registration Section			
Division of Corporations		•	Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Please	ied is a check for the following amount: make check payable to: FLORIDA DEP 15.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L BTC Investments LLC (Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "	L.L.C.," or "LLC")			_
(If name unavailable, enter alternate of New Jersey	name adopted for the purpose of transacting business in F	Torida The alternate name in 82-130121		bility Company," `	"L.L.C," or	"LLC.")
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)				
2/28/2021 4.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) une penalty liab(hty)				
154 Hideaway Beach Lane 5. (Street Address of Principal Office)			way Beach Lane			
Kissimmee, Florida 34746		6. (Mailing Address) Kissimmee, Florida 34746				_
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Boy	x <u>NOT</u> acceptable)		• • •	2692 J.B	
Name:	Brandon Copeland				PH	
Office Address:	154 Hideaway Beach Lane			STATE	ુ: 35	O
	Kissimmee	, Flo	34746 orida	<u></u>		
	(City)		(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Brandon Copeland Taylor Copeland □Manager □Manager 154 Hideaway Beach Lane 154 Hideaway Beach Lane Address: **■**Member ■ Member Kissimmee, Florida 34746 Kissimmee, Florida 34746 □ Authorized □ Authorized Person Person Other____ Other____ □Other__ □Other____ □Manager Name: _____ □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. Brandon Copeland

Typed or printed name of signee

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

FURTHER CERTIFY THAT BTC INVESTMENTS LLC (W17959818), REGISTERED APRIL 24, 2017, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 23, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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