

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
340 BWW, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$793.75

2022 APR 28 PM 4:00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 340 BLW, 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:

Michael Collison  
Name of Person

\_\_\_\_\_  
Firm/Company

1200 Marlboro Lane  
Address

Nichols Hills, OK 73116  
City/State and Zip Code

mpcoll1993@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Collison at (405) 831-4003  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 340 BWW, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Oklahoma  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 71-0873415  
(FBI number, if applicable)

4. June 1, 2021  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability))

5. 1200 Marlboro Lane  
(Street Address of Principal Office)

6. 1200 Marlboro Lane  
(Mailing Address)

Nichols Hills, OK 73116

Nichols Hills, OK 73116

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

Name: Mary Catherine Disney

Office Address: 1184 Circle Drive Ste A

DeFuniak Springs, Florida 32435  
(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.

Mary Catherine Disney  
(Registered agent's signature)

2022 APR 28 AM 9:56  
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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:**  **Manager** **Name and Address:** Name: Michael Collison  
 **Member** Address: 1200 Marlboro Lane  
 **Authorized** Nichols Hills, OK 73116  
 Person \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Title or Capacity:**  **Manager** **Name and Address:** Name: Stephanie Collison  
 **Member** Address: 1200 Marlboro Lane  
 **Authorized** Nichols Hills, OK 73116  
 Person \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
 Person \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
 Person \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

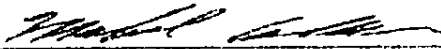
**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
 Person \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
 Person \_\_\_\_\_  
 **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, P.S.

  
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Signature of an authorized person

Michael Collison  
-----  
Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY**

I, **THE UNDERSIGNED**, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that 340 BWV, LLC whose registered agent is MICHAEL P. COLLISON, with its registered office at 1200 MARLBORO LANE NICHOLS HILLS 73116 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 26th day of April, 2022.

*Paula Blagden*

Secretary Of State