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(Address)

(City/State/Zip/Phone #)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
JUL 12 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** B & C Income Tax Services, 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:

Bryan Collins

\_\_\_\_\_  
Name of Person

B & C Income Tax Services, LLC

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

1089 Atlantic BLVD

\_\_\_\_\_  
Address

Atlantic Beach, FL 32233

\_\_\_\_\_  
City/State and Zip Code

blctex@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Collins

903

335.3331

at ( )

\_\_\_\_\_  
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. B & C Income Tax Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. (FEI number, if applicable)

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

5. 1089 Atlantic BLVD  
(Street Address of Principal Office)

6. 1089 Atlantic BLVD  
(Mailing Address)

Atlantic Beach, FL 32233

Atlantic Beach, FL 32233

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


Name: Bryan Collins

Office Address: 1089 Atlantic BLVD

Atlantic Beach 32233  
(City) , Florida (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)

FILED  
2022 JUN 24 PM 4:14  
STATE OF FLORIDA  
TALLAHASSEE

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:**

☒ Manager              Name: Bryan Collins

☐ Member              Address: 1089 Atlantic BLVD

☐ Authorized              Atlantic Beach, FL 32233

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: Cheryle Collins

☐ Member              Address: 1089 Atlantic BLVD

☐ Authorized              Atlantic Beach, FL 32233

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

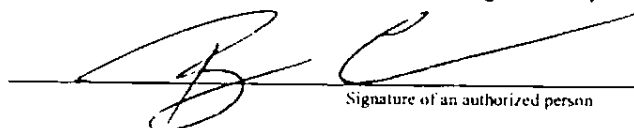
Person              \_\_\_\_\_

☐ 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, F.S.

  
\_\_\_\_\_  
Signature of an authorized person  
Bryan Collins



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for B&C Income Tax Services, LLC (file number 803319969), a Domestic Limited Liability Company (LLC), was filed in this office on May 08, 2019.

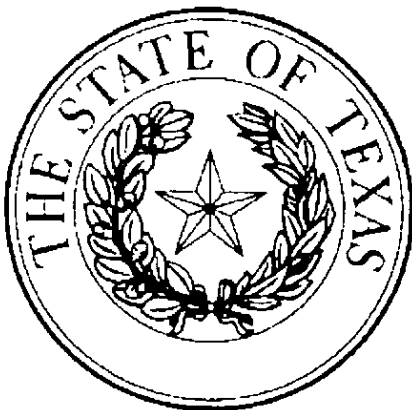
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate REGISTERED AGENTS INC as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

5900 BALCONES DRIVE STE 100

AUSTIN, TX - 78731 USA

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 April 15, 2022.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott  
Secretary of State