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S. FRANKLIN
JUL 13 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _		rest Compost Side Car, LL0	C	_		
Name of Limited Liability Company						
The enclosed 'Existence, and	'Application by Foreign Limited Liabilit check are submitted to register the above	ty Company for Authorizative referenced foreign limite	ion to Transact Business in Florida d liability company to transact bus	," Certificate of iness in Florida.		
Please return a	all correspondence concerning this matte	er to the following:				
	Joshua A. Davis					
		Name of Person		-		
BroadCrest Asset Management, LLC						
	Firm/Company					
	558 W. New England Avenue, Suite	250		1972		
	Address					
	Winter Park, FL 32789					
		City/State and Zip Code	-	!		
	jdavis@broadcrest.com			ယ		
	E-mail address: (to	be used for future annual r	eport notification)	-		
For further inf	ormation concerning this matter, please	call:				
Gilbo	ert H. Davis, Esq.	770 at ((404) 481-7205			
	Name of Contact Person	Area Code	Daytime Telephone Number	-		
Mailing Address: Registration Section		Street Address: Registration Sec	Street Address: Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monro	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Pleas	osed is a check for the following amount e make check payable to: FLORIDA D 25.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STAT	ng Fee & 🔝 🖼 \$160.00 Filing Fee			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Broadcrest Compost Si	de Car, LLC Limited Liability Company; must include "Limited					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Con	npany," "L.L.C.," or "LLC")			
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	ida. The altern	ate name must include "Limited Liability Company,"	"L.L.C," or "L1.C."		
State of Delaware			-2082876			
(Jurisdiction under the law of which foreign limited liability company is organized)		J	3(FEI number, if applicable)			
<u></u>	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration) e penalty liabil	uly)			
558 W. New England Avenue, Suite 250 5. Street Address of Principal Office)		558	8 W. New England Avenue, Suite 250	2022 1		
treet Address of Principal Office)		U	(Mailing Address)	, - <u>-</u>		
Winter Park, FL 32789		Winter Park, FL 32789				
				P		
			-	!		
. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> acce	ptable)	ာ သ		
Name:	Joshua A. Davis					
Office Address:	558 W. New England Avenue, Suite 25		 -			
	Winter Park		32789 , Florida			
	(City)		(Zip code)			

Registered agent's acceptance:

to the property of the

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:	
■Manager	Name:	□Manager	Name:	
□Member	Address: 558 W. New England Avenue	□Member	Address: 558 W. New England Avenue	
□Authorized	Suite 250	■Authorized	Suite 250	
Person	Winter Park, Florida 32789	Person	Winter Park, Florida 32789	
Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	12	
Person		Person		
Other	Other	□Other	Other	
□Manager	Name:	□Manager	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	
□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. 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.

Ada AD	
Signature of an authorized person	
Joshua A. Davis	
Typed or printed name of signee	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BROADCREST COMPOST SIDE CAR, 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-FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADCREST COMPOST SIDE CAR, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2022.

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

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Authentication: 203722548

Date: 06-21-22



June 11, 2022

JOSHUA A DAVIS 558 W NEW ENGLAND AVENUE STE 250 WINTER PARK, FL 32789 US

SUBJECT: BROADCREST COMPOST SIDE CAR, LLC

Ref. Number: W22000078632

We have received your document for BROADCREST COMPOST SIDE CAR, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 522A00013104

JUL ...