## M22100015819

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Leastheas Linky / Links)	
(Document Number)	
(Bodament Hamber)	
Codified Conice Codificator of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700395494677

.0/05.20--01007--012 \*\*125.00

2022 6" 1 -5 PH 1: 21

S. FRANKLIN NCT 13 2022

## **COVER LETTER**

TO:

**Registration Section** 

ny for Authorization to Transact Business in Florida, ced foreign limited liability company to transact busing:  le of Person  //Company	
e of Person √Company Address	7077
VCompany Address	างว่า
VCompany Address	วงใ
Address	วงใ
Address	1337
	1997
	1977
	133
	<u></u>
e and Zip Code	- · `. \
	(J)
or future annual report notification)	- P:
	1: 7:
305 373 3007	
Area Code Daytime Telephone Number	-
The Centre of Tallahassee	
IENT OF STATE	
	at () Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations

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

IN COMPIJANCE 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:

(Name of Foreign	(USA) LLC Limited Liability Company; must include "Limited	d Liabilit	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The	alternate name must include "Limited Liability C	Tompany," "L.L.C," or "LLC
Delaware	hich foreign limited liability company is organized)	3.	Not applicable	
Not applicable	men foreign minuted habitity company is organized)		(гел пиплест, и ар	риежозе)
*	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registratio ine penalty	n.) inability)	
651 N. Broad Street		6.	1110 Brickell Ave (Mailing Address)	
Street Address of Principal Office)		٧,	(Mailing Address)	
Suite 308			Suite 310	
Middletown, DE 19709			Miami, FL 33131	70226
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT :	acceptable)	ان 
Name:	Bolder Corporate Services (USA), Inc.			P// 7: 20
Office Address:	1110 Brickell Avenue, Suite 310			
	Miami		33131 Florida	
	(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.

N 112 11. N

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:	rid Payne
□Member	Address:	□Member		110 Brickell Avenue
□Authorized	Suite 310	□Authorized	Suite 310	
Person	Miami, FL 33131	Person	Miami, FL 33131	
President Other		■Other	ent	Secretary  Other
□Manager	Name: Greg Meaker	□Manager	Name:	
□Member	Address: 3-212 Governor's Square	□Member	Address:	
□Authorized	23 Lime Tree Bay Avenue	□Authorized		
Person	White Bay, KY1-1203, Cayman Islands	Person		THE TOTAL STATE OF THE PARTY.
■Other	Other	□Other		∐Other
				تا <u>ال</u>
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	20
□Authorized	<del></del>	□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.

Signature of an authorized person

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BG CORPORATE SERVICES (USA) 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

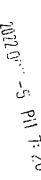
OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BG CORPORATE

SERVICES (USA) LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER,

A.D. 2022.

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





Jeffrey W Bullock, Secretary of State