Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

F						
tmaıı	Address:			 		

Foreign Limited Liability Company BA Leasing BSC, LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. FRANKLIN

Electronic Filing Menu

Corporate Filing Menu

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

IN COMPILANCE WITH SECTION 605.002, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in FB	orida. The alternate mane must include "Limited Liability (Company," "L.C," or "L	
Delaware				
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (F.H number, if applicable)		
upon filing				
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determi	egistration) ne penalty liability)		
555 California Succe		555 California Street, 11th floor	1-2	
er Address of Penerpal Office)		(Mailing Address)	<u> </u>	
San Francisco, CA 941	()4	San Francisco, CA 94104	۲.	
			<i>-</i>	
·			,	
	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name and street addres				
Name and <u>street addres</u>				
	C T Corporation System			
Name and <u>street addres</u> Name:				

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.

By:	C T Corporation System	Jan Entro
	(Registered agent's signa	(ure)

By: Terrie Bates, Asst. Secy.

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: Sonja Delen	□Manager	Name: Christine Costamagna
□Member	Address:	Member	Address: 555 California Street
■ Authorized	San Francisco, CA 94104	■ Authorized	San Francisco, CA 94104
Person		Person	
□Other	□Other	Other	Other
□Manager	Name:	∏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	2:2
□Other		Other	
			21,
□Manager	Name:	□ Manager	Name:
□Member	Address:	□Member	بې Address:
□Authorized		☐ Authorized	
Person		Person	
□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 \$.817.155, F.S.

C	ristine Costamagna	
	Signature of an authorized person	
Christine Costamagna		
	T. and ar printed name of course	_

Delaware The First State

Page 1

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

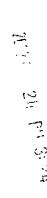
DELAWARE, DO HEREBY CERTIFY "BA LEASING BSC, LLC" IS DULY FORMED

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 NINETEENTH DAY OF OCTOBER, A.D. 2022.

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





Authentication: 204657969

Date: 10-19-22