# M22000019142

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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11/09.22--01015--005 ++180.00

12/28/22--01009--002 ++638.75

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### COVER LETTER

UBJECT:	SDLLC	
	Name of Limited Liability Company	
he enclosed "A xistence, and c	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certineck are submitted to register the above referenced foreign limited liability company to transact business in	ficat Flo
lease return all	correspondence concerning this matter to the following:	
	Serena Tidwell	
. :	Name of Person	
	BCSD LLC	-
•	Firm/Company	
• •	8732 Creekrise Drive	
•	Address	
	Columbus, GA 31904	
	City/State and Zip Code	
	serena.tidwell@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
or further info	mation concerning this matter, please call:	
Serena	Tidwell 706 575-2340	
	Name of Contact Person Area Code Daytime Telephone Number	
Regis	<u>R Address:</u> Examination Section  Item of Corporations  Street Address:  Registration Section  Division of Corporations	
	ion of Corporations  Box 6327  Division of Corporations  The Centre of Tallahassee	
	nassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 5.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certi	līcat

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

BCSD LLC		T	X	· <del>·</del>	
(Name of Foreign L	imited Liability Company; must include "Limited	i.iability	Company, LLLC., or LCC. )		
				·	
iome wavailable, enter alternate n	une adopted for the purpose of transacting business in Flo	rida. The a	ternate name must include "Limited Lie	bility Company," "	'L.ኤC,'' er ''LLC.'')
Georgia		,			
(Inrisdiction under the low of wh	ich toreign limited liability company is organized)	٤.	(i-El carab	er, if applicable)	
•					
March 2021					
<del></del>	(One first transacted business in Florida, il prior to f (See sections 605,0904 & 605,0905, F.S. to determine	egrammon. ne penalty l	) (ability)		,
anno di la la la Dilia			8732 Creekrise Drive	•	
8732 Creekrise Drive		6	(Mading Addiess)	· · · · · · · · · · · · · · · · · · ·	
cet Address of Principal Office)				:	
Columbus, GA 31904		(	Columbus, GA 31904		
		-			23
					20
		-			2872 0 3
Name and street addres	s of Florida registered agent: (P.O. Box	<u>иот</u> а	eceptable)		ස ??
					—
	Michael S. Burko				
Name:					<del></del> ω
	16215 Panama City Beach Parkway				0
Office Address:	1021.71 aliama City Beach ( alienty)		<del>_</del> _		
	Panama City Beach		32413		
			, Florida		
	(Cny)		(Elli Coc)		
	(City)		(Zip code)		

itle or Capacity:	Name and Address:	Title or Capacity:		Name and Address
Manager	Name: Serena Tidwell	□Manager	Name:	is Tidwell
Member	Address: 8732 Creekrise Drive	□Member	Address: _	732 Creckrise Drive
Authorized	Columbus, GA 31904	<b>⊟</b> Authorized	Columbus	GA 31904
Person		Person		
Other	Other	Other	·	Other
		. •		  -  -
Manager	Name:	☐ Manager	Name:	
lMember	Address:	□Member	Address: _	
Authorized .	Panama City Beach, FL 32413	□Authorized	. •	
Person		·· Person		!
Other	□ Other	Other		□Other
Manager	Name:	□Manager	Name:	
: lMember	Address:	□Member	Address: _	
Authorized .		☐ Authorized		; ; ;
Person		Person		
Other	☐Other	□Other		Other
,		•		
nportant Notice: U déxed individuals	Ise an attachment to report more than six (6 may be added to the index when filing you	). The attachment will be im ir Florida Department of Stat	aged for repo e Annual Re	orting purposes only. No port form.
Attached is a com	tificate of existence, no more than 90 days on the certificate of which it is organized. (If the certificate)	ald, duly authenticated by the	official hav	ing custody of records in
	is executed in accordance with section 605.	0203 (1) (b), Florida Statute a third degree folony as prov	s. I em aware	that any false information

Typed or printed name of signee

Control Number: 12051030

## STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### BCSD, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 24032159 Date Inc/Auth/Filed: 06/13/2012 Jurisdiction : Georgia : 11/07/2022 Print Date

Form Number : 211



Brad Raffersogger

Brad Raffensperger Secretary of State