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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

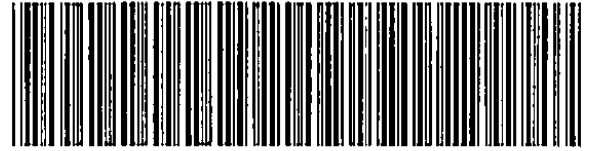
(Business Entity Name)

(Document Number)

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S. ROBERTS

FEB - 7 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BB & J Holdings 02, 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:

Peter Crema

Name of Person

Virtus Law PLLC

Firm/Company

7040 Lakeland Ave N, Suite 100

Address

Minneapolis, MN 55428

City/State and Zip Code

perema@virtuslaw.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Crema

612

888-1000

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. BB & J Holdings 02, 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. Wyoming  
(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. 500 Menlo Drive, Suite 160  
(Street Address of Principal Office)

6. 1910 Thomas Ave  
(Mailing Address)

Rocklin, CA 95765

Cheyenne, WY 82001

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

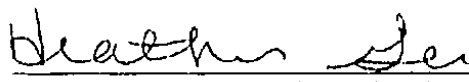
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

 Heather Glenn on behalf of InCorp Services, Inc.  
(Registered agent's signature)

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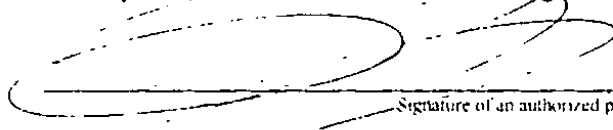
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Bryan Badger</u>	<input type="checkbox"/> Manager	Name: <u>Christy Barros</u>
<input type="checkbox"/> Member	Address: <u>500 Menlo Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>500 Menlo Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 160</u>	<input type="checkbox"/> Authorized	<u>Suite 160</u>
Person	<u>Rocklin, CA 95765</u>	Person	<u>Rocklin, CA 95765</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Melissa Jacobsen</u>	<input type="checkbox"/> Manager	Name: <u>Timothy Jacobsen</u>
<input checked="" type="checkbox"/> Member	Address: <u>500 Menlo Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>500 Menlo Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 160</u>	<input type="checkbox"/> Authorized	<u>Suite 160</u>
Person	<u>Rocklin, CA 95765</u>	Person	<u>Rocklin, CA 95765</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Peter Crema</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>7040 Lakeland Ave N.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Minneapolis, MN 55428</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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 under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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  
 Peter Crema  
 \_\_\_\_\_  
 Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**BB & J Holdings 02, LLC**

is a

**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 17, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned an identification number **2023-001209938**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of January, 2023 at 1:03 PM. This certificate is assigned ID Number 0578268



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State