

M230000002005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

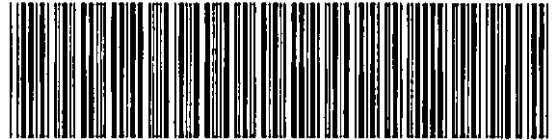
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-2306

Office Use Only



100396240191

02/14/23--01012--004 \*\*25.00

11/03/22--01017--029 \*\*105.00

ADHOC  
FILED

2023 JAN 24 PM 2:08

FEB 15 2023  
K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2023

NINA KIKNADZE  
1022 LEVEL CREEK RD., APP. 210  
SUGAR HILL, GA 30518

SUBJECT: BUSINESS DEVELOPMENT EXPERTS LLC  
Ref. Number: W23000002306

We have received your document for BUSINESS DEVELOPMENT EXPERTS LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need a check or money order for an additional \$25.00 to process the filing. Also please list the address for each manager listed..

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 423A00000618

RECEIVED  
JAN 24 2023

[illegible]

Business Development Experts LLC

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.

Nina Kiknadze
Name of Person
Business Development Experts LLC
Firm/Company
1022 Level Creek Rd App 210, Sugar Hill GA 30518
Address
Sugar Hill GA 30518
City/State and Zip Code
businessdelle@gmail.com
E-mail address: (to be used for future annual report notification)

Brigette B Miller- Levy 707-742-9897

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Name of Contact Person at (Area Code) Daytime Telephone Number

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Business Development Experts 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. MN 87-3503515  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 2121 Biscayne Blvd #1763 64 Woodlake Drive Piscataway  
(Street Address of Principal Office) (Mailing Address)  
Miami FL 33137 New Jersey 08854

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

Name: Brigitte B Miller- Levy  
Office Address: 2121 Biscayne Blvd #1763  
Miami 33137  
(City) Florida (Zip code)

APPROVED  
AND  
FILED  
2023 JAN 24 PM 2:08

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.

(Registered agent's signature)

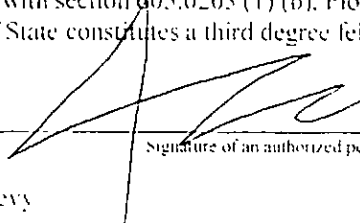
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name: _____	Jeffery Halverson		<input checked="" type="checkbox"/> Manager	Name: _____	Brigette Miller- Levy	
<input checked="" type="checkbox"/> Member	Address: _____	14870 Granada Ave		<input type="checkbox"/> Member	Address: _____	64 Woodlake drive	
<input type="checkbox"/> Authorized	_____	# 1003, Apple Valley, MN		<input type="checkbox"/> Authorized	_____	Piscataway NJ 08854	
Person	_____	55124		Person	_____		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Manager	Name: _____			<input type="checkbox"/> Manager	Name: _____		
<input type="checkbox"/> Member	Address: _____			<input type="checkbox"/> Member	Address: _____		
<input type="checkbox"/> Authorized	_____			<input type="checkbox"/> Authorized	_____		
Person	_____			Person	_____		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Manager	Name: _____			<input type="checkbox"/> Manager	Name: _____		
<input type="checkbox"/> Member	Address: _____			<input type="checkbox"/> Member	Address: _____		
<input type="checkbox"/> Authorized	_____			<input type="checkbox"/> Authorized	_____		
Person	_____			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. 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.

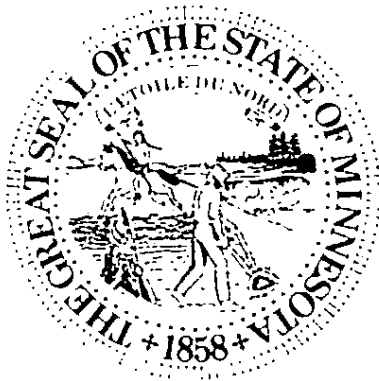
  
\_\_\_\_\_  
Signature of an authorized person  
Brigette Miller- Levy  
\_\_\_\_\_  
Typed or printed name of signer

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Business Development Experts LLC
Date Filed:	02/19/2008
File Number:	2725944-2
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/19/2023



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota