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Date:	04/14/2023	
	Jennifer Bialowas	_
	1963274	_
	BS&A SC	FTWARE, LLC
	es of Incorporation/Authorization	
☐ Amer	ndment	
Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merge	er	
☐ Disso	olution/Withdrawal	
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Account#: 120000000088

Date:	04/14/2023	
	Jennifer Bialowas	_
	±1963274	_
	BS&A SC	OFTWARE, LLC
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☐ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
✓ Other	Upon filing ple	ase provide a certified copy
Authorized A	Amount: 155.00	
Signature:	<i>(</i> /)	

F: 800.944.6607

COVER LETTER

•. . .

TO:

Régistration Section Division of Corporations

SUBJECT:		A Software, LLC			
SUBJECT: Name of Limited Liability Company					
		impany for Authorization to Transact Business in Florida," Certifical Ferenced foreign limited liability company to transact business in Florida.			
Please return a	ll correspondence concerning this matter to t	he following:			
		Name of Person			
	Firm/Company				
		Address			
	City	/State and Zip Code			
	E-mail address: (to be u	sed for future annual report notification)			
For further info	ormation concerning this matter, please call:				
		at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Regis	ng Address: stration Section	Street Address: Registration Section			
	sion of Corporations	Division of Corporations			
	Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
i ana	hassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPA 25.00 Filing Fee \$\square\$\$\$\$ \$\square\$\$ \$130.00 Filing Fee \$\delta\$\$ Certificate of \$	& 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee. Certificat			

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:

·	imited Liability Company; must include "Limited me adopted for the purpose of transacting business in Flo			iy Company," "L.L.C.	" or "L.L.C."
Delaware		7			
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	3	(FEI number, i	(applicable)	
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605 0905, F.S. to determin	egistration) se penalty liability)	<u> </u>	_	
14965 Abbey Ln.		14965 Abbey Lr			
Street Address of Principal Office)		6. (Mailing Addres	s)		
Bath, MI 48808		Bath, MI 48808			
. Name and street address Name:	of Florida registered agent: (P.O. Box Cogency Global Inc.	NOT acceptable)		7. 2.	LULU APR 14
Office Address:	115 North Calhoun St., Suite 4			35. 35.	IL P
	Tallahassee	Florida	32301	· ·	PM 12: :
	(Cny)		(Zip code)	_	30
lesignated in this applicati o comply with the provisio	ance: istered agent and to accept service of pi ion, I hereby accept the appointment as ins of all statutes relative to the proper of of my position as registered agent.	registered agent and ag	gree to act in t	his capacity. 1	further a
	/S/ SHANNON M. MADDOX				
-	(Remytered neon)'s si	ianature)		_	

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

manage [up to six (6) total]:					
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
■Manager	Name: BS&A Intermediate, LLC	□Manager	Name: Chad B. Harryman		
■Member	Address: 14965 Abbey Ln.	□Member	Address: 14965 Abbey Ln.		
□Authorized	Bath, MI 48808	■Authorized	Bath, MI 48808		
Person		Person			
□Other	Other	□Other	Other		
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
□Other	Other	□Other	□Other		
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
□Other	Other	□Other	□Other		
	se an attachment to report more than six (6). The a may be added to the index when filing your Florid				
	ificate of existence, no more than 90 days old, duly e law of which it is organized. (If the certificate is at be submitted)				
	s executed in accordance with section 605.0203 (1 nent to the Department of State constitutes a third (

Chad B. Harryman
Signature of an authorized person

Typed or printed name of signee

Chad B. Harryman, President



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

DELAWARE, DO HEREBY CERTIFY "BS&A SOFTWARE, 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 TWELFTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BS&A SOFTWARE, LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2023.

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

Authentication: 203122643

Date: 04-12-23

7402371 8300 SR# 20231402129