

MA30000663/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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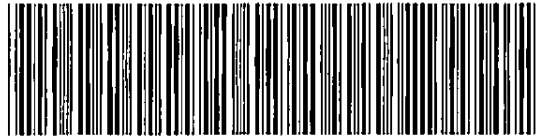
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/23--01039--007 **125.00

2023 MAY 8 4 1

T. LEMIEUX
MAY 24 2023

May 5, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sent Via Certified Mail
7020 3160 0001 5780 1173

SUBJECT: BIK Boom Trucks, LLC

Dear Sirs:

Please find 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:

Francis M. Boyer, Esq.
Boyer Law Firm
9471 Baymeadows Road
Suite 406
Jacksonville, FL 32256
fboyer@boyerlawfirm.com

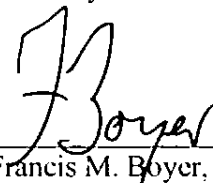
For further information concerning this matter, please call:

Francis M. Boyer, Esq. At 904-236-5317

Enclosed is a check for the following amount made payable to the
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

Sincerely,

By: 
Francis M. Boyer, Esq.
BOYER LAW FIRM, P.L.

FMB/ kab

Enclosures



FRANCIS M. BOYER
Managing Attorney

BOARD CERTIFIED
INTERNATIONAL LAW



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. BIK Boom Trucks, 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. Massachusetts 3. 00-1268798
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 313 Tomoka Farms Road 6. 177 Central Street
(Street Address of Principal Office) (Mailing Address)

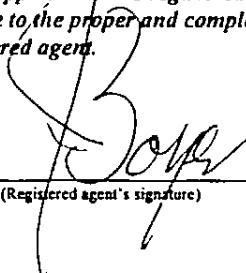
Daytona Beach, FL 32124 Milford, MS 01757

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

Name: Boyer Law Firm, P.L.
Office Address: 9471 Baymeadows Road, Suite 406
Jacksonville, Florida 32256
(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 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)

2023 MAY -3 AM 8:41
L.B.

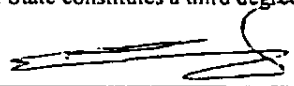
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Elemar Ivan</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>41 Claireville Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Toronto, Ontario M9W 5Z7</u>	<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	<u>Toronto,</u>	<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

Elemar Ivan

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

April 21, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

BIK BOOM TRUCKS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C
on **April 10, 2017**.

I further certify that no amendment to said certificate of organization has been filed; that, said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

D

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

**Limited Liability Company
Certificate of Organization**
(General Laws Chapter 156C, Section 12)

Federal Identification No.: _____

- (1) The exact name of the limited liability company:

Bik Boom Trucks, LLC

- (2) The street address of the office in the commonwealth at which its records will be maintained:

177 Central Street, Milford Massachusetts 01757

- (3) The general character of the business:

Mobile Crane sales and repairs

- (4) Latest date of dissolution, if specified: _____

- (5) The name and street address, of the resident agent in the commonwealth:

NAME

ADDRESS

David O'Brian

214 East Street, Upton MA 01568

- (6) The name and business address, if different from office location, of each manager, if any:

NAME

ADDRESS

Elemer Ivan

7700 Pine Valley Drive, Suite 72051 Woodbridge, Ontario Canada, L4L 9S4

- (7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

NAME

ADDRESS

- (8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME

ADDRESS

Elomar Ivan

7700 Pine Valley Drive, Suite 72051 Woodbridge, Ontario Canada, L4L 9S4

- (9) Additional matters:

Signed by (by at least one authorized signatory):

David C. O'Brien Jr.

Consent of resident agent:

David C. O'Brien Jr.

resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c 156C § 12*

*or attach resident agent's consent hereto.