M23000008697

(Requestor's N	ame)
(Address)	
(Address)	
,	
(0), (0), 1, (7)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(======================================	•
(D	
(Document Nu	nibei)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Offic	er:
Special instructions to 1 ming office	
	ļ
120000 1452	
W230000 78530	

Office Use Only



800409224888

(n 2 lb 01011--018 *•130.01

2023 JUN 30 PM 5: 35



June 5, 2023

KATHLEEN O CASEY 1 EAST DELAWARE PL, SUITE 200 CHICAGO, IL 60611 US

SUBJECT: BBFG TAMPA LLC Ref. Number: W23000078530

We have received your document for BBFG TAMPA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews Regulatory Specialist II

Letter Number: 323A00012700

(pid)23

COVER LETTER

Registration Section
Division of Corporations

TO:

Nai	me of Limited Liability Company		
	y Company for Authorization to Transact Business in Florida," Certie referenced foreign limited liability company to transact business in		
sturn all correspondence concerning this matter	to the following:		
Kathleen O Casey			
	Name of Person		
BBFG Tampa LLC			
	Firm/Company		
1 East Delaware PL, Suite 200			
	Address		
Chicago, IL 60611			
	City/State and Zip Code		
tampa@bellabridesmaids.com			
E-mail address: (to	be used for future annual report notification)		
ner information concerning this matter, please of	call:		
Kathleen O Casey	813 443-4984 at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			

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

IN COMPILANCE 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:

BBFG Tampa LLC (Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in	Florida The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC
Illinois		92-3913400	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	3. (FEI num	ber, if applicable)
05/08/23			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty liability)	
715 S Howard Ave		1 East Delaware PL	
rect Address of Principal Office)	······································	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Suite 130		Suite 200	
Tampa, FL 33606		Chicago, IL 60611	
Name and street address	ss of Florida registered agent: (P.O. Bo CT Corporation System	ox <u>NOT</u> acceptable)	2023 JUN 30
Name: Office Address:	1200 South Pinc Island Road		30 P.K
Office Address.	Plantation	. Florida	က က က်
	(City)	(Zip code)	
esignated in this applica comply with the provisi	stance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	as registered agent and agree to act	in this capacity. I further
nd accept the obligation		/1	

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Kathleen O Casey	■Manager	Name: Erin Casey Wolf
□Member	Address:	□Member	Address: 800 Eastwood Lane
□Authorized	Chicago, IL 60631	□Authorized	Glenview, IL 60025
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

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Kathleen O Casey

Typed or printed name of signee

File Number

1318669-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

BBFG TAMPA LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 27, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE. AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of JUNE A.D. 2023

Authentication #: 2317600446 verifiable until 06/25/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE