8/24/23, 3:17 PM Division of Corporations

M23000011108

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000295012 3)))

H23000295012 3ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: MMM@TRIPPSCOTT.COM

RECEIVED
2023 AUG 24 PM 3:55
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

## Foreign Limited Liability Company
## BHILL II, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $125.00 |

FILED
2023 AUG 24 PM 5:01

Electronic Filing Menu Corporate Filing Menu Help

H23000295012

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. BIBLE 3, 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. DELAWARE
(Jurisdiction under the laws of which foreign Limited Liability Company is organized)

3. 93-2421702
(FEI Number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 865.09 and 865.1509, F.S., for criminal penalties imposed.)

5. 3250 MARY STREET
(Street Address of principal office)
SUITE 306
MIAMI FL 33133

6. 3250 MARY STREET
(Mailing Address)
SUITE 306
MIAMI FL 33133

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

Name: TRIPP SCOTT, P.A

Office Address: ATTN: IAN J. LIS, ESQ.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, Florida 33301
(City) (Zip code)

2023 AUG 24 PM 5:00

**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.*

Ian J. Lis, Esq.
(Registered Agent's signature)

H23000295012

8. For annual 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: PAUL STEINFURTH | ☐Manager | Name: |
| ☐Member | Address: 1250 MARY STREET | ☐Member | Address: |
| ☐Authorized | SUITE 306 | ☐Authorized | |
| Person | MIAMI, FL 33103 | Person | |
| ☐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 |

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, not 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.

Ian J. Lis, Esq.

Signature of an authorized person

Ian J. Lis, Esq., Authorized Representative

Typed or printed name of signer