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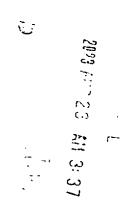
(Requestor's	Name)					
(Address)						
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PICK-UP W	'AIT MAIL					
(Business Er	itity Name)					
(Document Number)						
Certified Copies Cer	tificates of Status					
Special Instructions to Filing Officer:						





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AUG 2 8 2023

COVER LETTER

TO:

Registration Section

Div	ision of Corporations	
SUBJECT:	BSK REAL ESTATE INVESTMENTS	ELLC
	7	lame of Limited Liability Company
The enclosed Existence, a	I "Application by Foreign Limited Liabil ad check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this matt	er to the following:
	SEBASTIAN GOLITZ	
		Name of Person
	BSK REAL ESTATE INVESTME	NTS LLC
		Firm/Company
	10294 NW 9 STREET CIR UNIT	202
		Address
	MIAMI, FL 33172	
		City/State and Zip Code
	DVALVAREZ.ASSOCIATESMOB	ILE@GMAIL.COM
	E-mail address: (1	o be used for future annual report notification)
For further in	iformation concerning this matter, please	ealf:
SE	BASTIAN GOLITZ	786 450-7571 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Rej Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amounts make check payable to: FLORIDA Estation Filing Fee S130.00 Filing Certification	DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability C	ompany," "L.L.C.," or "LLC,")			
		 -				
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	rida. The alte	rrate name must include "Limited Liab	ility Company." "I	L.C," or "Li	,C,
DELAWARE		8	8-3482148			
2. (Ourisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	gistration.) e penalty hab	oiliry)			
10294 NW 9 STREET CIR UNIT 202			0294 NW 9 STREET CIR U			
5. Street Address of Principal Office)		b	(Mailing Address)			
MIAMI, FL 33172		М	IAMI, FL 33172			
us		U				
				, ra,		
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acc	eptable)		22 a 7 26 a 7	
					.	
	DV ALVAREZ & ASSOCIATES LLC) [N]	
Name:					ယ	
000 411	10294 NW 9 STREET CIR UNIT 202			-		ξ-
Office Address:				•	٠ بن	
	MIAMI		33172 , Florida	•	37	
	(Cns)					

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.

(Roginated 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: SEBASTIAN GOLITZ ■ Manager Name: _____ □ Manager 304 INDIAN TRACE #403 □ Member □Member Address: WESTON, FL 33326 ☐ Authorized □ Authorized Person Person □Other_____ □Other____ Other____ Other____ □Manager Name: ____ □Manager Name: □Member Address: ☐ Member Address: ____ □Authorized □ Authorized Person Person Other Other □Other Other □Manager Name: Name: _____ □Manager □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. 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 constitute a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

SEBASTIAN GOLITZ



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

DELAWARE, DO HEREBY CERTIFY "BSK REAL ESTATE INVESTMENTS 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 SEVENTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BSK REAL ESTATE INVESTMENTS LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2022.

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

Authentication: 203754033

Date: 07-17-23