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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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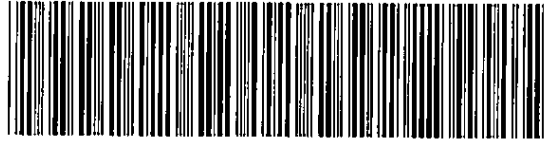
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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McRae, Smith, Peek,  
Harman & Monroe, LLP

*Serving Rome and Northwest Georgia  
Since 1899*

*A LIMITED LIABILITY PARTNERSHIP  
INCLUDING PROFESSIONAL CORPORATIONS*

May 22, 2024

**PLEASE REPLY TO  
ROME OFFICE**

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RE: BDQC Kissimmee, LLC  
Application by Foreign Limited Liability Company to File Amendment to Certificate of  
Authority to Transact Business in Florida

To Whom It May Concern:

Enclosed please find the following documents:

- Cover Letter;
- Application;
- Check in the amount of \$60.00 (filing fee, certified copy, certificate of status); and
- Certified Certificate of Existence (GA)

If there are any other documents that you require please don't hesitate to let me know. I have enclosed a self-addressed, prepaid fedex envelope for you to return any documents to me that I may need upon amending this Company in your State.

Thank you for your cooperation and assistance in this matter. If you require anything further in order to process the request, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Lindsey Hulsey".  
Lindsey Hulsey

Enclosures

**ROME OFFICE:**

111 BRIDGEPOINT PLAZA  
SUITE 300  
ROME, GEORGIA 30161  
(706) 291-6223  
TOLL FREE: (888) 291-6223  
FACSIMILE: (706) 291-7429  
LAW@MSP-LAWFIRM.COM  
MAILING ADDRESS:  
P. O. BOX 29  
ROME, GA 30162-0029

**CEDARTOWN OFFICE:**

223 S. COLLEGE STREET  
CEDARTOWN, GA 30125  
(770) 749-6723  
FACSIMILE: (770) 749-6729  
MAILING ADDRESS:  
P. O. BOX 418  
CEDARTOWN, GA 30125

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BDQC KISSIMMEE, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT M. SMITH

Name of Person

MCRAE, SMITH, PEEK, HARMAN & MONROE, LLP

Firm/Company

P.O. BOX 29

Address

ROME, GA 30162

City/State and Zip Code

LHULSEY@MSP-LAWFIRM.COM

E-mail address: (to be used for future annual report notification)

FILED  
2024 MAY 23 AM 6:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Lindsey Hulsey (Paralegal to Scott M. Smith)

at ( 706 ) 314-1086

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

Control Number : 23215514

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **BDQC Kissimmee, LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27312144  
Date Inc/Auth/Filed: 10/12/2023  
Jurisdiction : Georgia  
Print Date : 05/16/2024  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BDQC KISSIMMEE, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000014085

3. Jurisdiction of its organization: GEORGIA

4. Date authorized to do business in Florida: 10/26/2023

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida

City

\_\_\_\_\_, Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

## ADDING MEMBER AND MANAGER

[illegible]

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Jarrett Eaton Shadday, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**