

M23000014222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

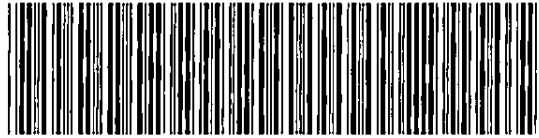
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2023 OCT 31 01:00 PM

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2023 OCT 31 PM 6:36

STATE

BT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BJB PREMIER VENTURES, LLC

Name of Limited Liability Company

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:

BRIAN ACERNO

Name of Person

BJB PREMIER VENTURES LLC

Firm/Company

245 VILLAGE GREEN

Address

PATCHOGUE, NY 11772

City/State and Zip Code

bacel283@gmail.com

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

For further information concerning this matter, please call:

BRIAN ACERNO

631

445-5003

at (_____) _____

Name of Contact 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:

Please make check payable to: **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

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. BJB PREMIER VENTURES, 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. NEW YORK 3. 92-3106655
(Jurisdiction under the law of which foreign limited liability company is organized) (Fed. number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 380 Sunrise Highway #1102 6. 380 Sunrise Highway #1102
(Street Address of Principal Office) (Mailing Address)

Patchogue, NY 11772 Patchogue, NY 11772

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

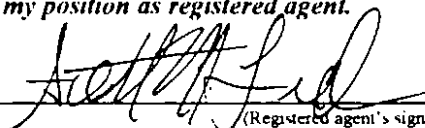
Name: SCOTT MCLAUGHLIN

Office Address: 3719 SW 5TH STREET

CAPE CORAL, Florida 33991
(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)

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF PALM BEACH
FLORIDA

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:**

☐ Manager Name: BJB LEGACY HOLDINGS LLC

☒ Member Address: 245 VILLAGE GREEN

☐ Authorized PATCHGQUE, NY 11772

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: BRIAN ACERNO

☐ Member Address: 245 VILLAGE GREEN

☒ Authorized PATCHOGUE, NY 11772

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: SPM ELITE HOLDINGS LLC

☒ Member Address: 3719 SW 5TH STREET

☐ Authorized CAPE CORAL, FL 33991

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: SCOTT MCCLAUGHLIN

☐ Member Address: 3719 SW 5TH STREET

☒ Authorized CAPE CORAL, FL 33991

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

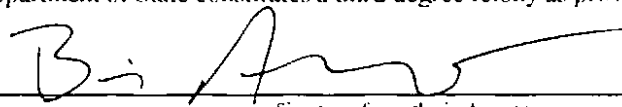
Person _____

☐ 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, 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

Brian Acerno

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	BJB PREMIER VENTURES LLC
DOS ID Number:	6770357
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	03/21/2023
Statement Status:	CURRENT
Statement Due Date:	03/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on October 19, 2023 at 04:09 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004518757 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

CURTIS R MORRISON, ESQ
159 ROCKY POINT ROAD
MIDDLE ISLAND NY 11953

DATE: 10/19/2023 **TRANSACTION NUMBER:** 202310190003491

ENTITY INFORMATION:

ENTITY NAME: BJB PREMIER VENTURES LLC
DOS ID: 6770357
DATE OF INITIAL DOS FILING: 03/21/2023

<u>REQUESTED SERVICES:</u>	<u>NUMBER REQUESTED:</u>	<u>FEE:</u>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

TOTAL PAYMENTS RECEIVED: \$50.00
CASH: \$0.00
CHECK/MONEY ORDER: \$0.00
CREDIT CARD: \$50.00
DRAWDOWN ACCOUNT: \$0.00
REFUND DUE: \$0.00

<u>REQUESTED COPY</u>	<u>FILE DATE</u>	<u>FILE NUMBER</u>
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