

M24000001760

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : API PROCESSING
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Phone : (954)567-0013
Fax Number : (954)567-3401

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

Email Address: kathy@apiprocessing.com

**Foreign Limited Liability Company
BMR Industries US LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**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:

BMR INDUSTRIES US LLC

1. _____
(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. TEXAS 3. 92-1852997
(Jurisdiction under the law of which foreign limited liability company is organized) (Fed. number, if applicable)

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

5. 2446 DUVAL DRIVE 6. 2446 DUVAL DRIVE
(Street Address of Principal Office) (Mailing Address)
NEW BRAUNFELS, TX 78130 NEW BRAUNFELS, TX 78130

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

Name: API PROCESSING - LICENSING, INC.
Office Address: 3419 GALT OCEAN DRIVE, SUITE A
FORT LAUDERDALE, Florida 33308
(City) (Zip code)

2024 FEB 13 PM 3:54

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.

Kathy Brallan
(Registered 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:

☐ Manager Name: BRANDON BAKER

☐ Member Address: 2446 DUVAL DRIVE

☐ Authorized NEW BRAUNFELS, TX 78130

Person _____

☒ Other AMBR ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: JOSH MOORE

☐ Member Address: 2446 DUVAL DRIVE

☐ Authorized NEW BRAUNFELS, TX 78130

Person _____

☒ Other AMBR ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: MORRIS BOWE

☐ Member Address: 2446 DUVAL DRIVE

☐ Authorized NEW BRAUNFELS, TX 78130

Person _____

☒ Other AMBR ☐ 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.

Brandon Baker

Signature of an authorized person

BRANDON BAKER

Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



H24000059990 3

Page 4 of 4

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BMR INDUSTRIES US LLC (file number 804882804), a Domestic Limited Liability Company (LLC), was filed in this office on January 17, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 12, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State