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(Requestor's Name)

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(City/State/Zip/Phone #)

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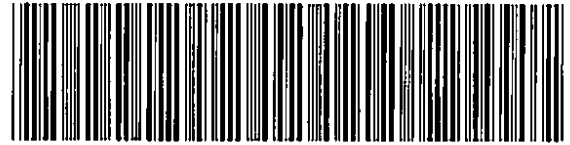
(Business Entity Name)

(Document Number)

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F. LEMIEUX

JUL 12 2024

W24
92652

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BD & ASSOCIATES CPAS, PLLC

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:

TRACEE GRESS

Name of Person

BD & ASSOCIATES CPAS, PLLC

Firm/Company

1671 W HORIZON RIDGE PKWY, STE. 220

Address

HENDERSON, NV 89012

City/State and Zip Code

TRACEE@BDCPAFIRM.COM

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

For further information concerning this matter, please call:

TRACEE GRESS

702

202-2255

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2024

TRACEE GRESS
1671 W HORIZON RIDGE PKWY STE 220
HENDERSON, NV 89012

SUBJECT: BD & ASSOCIATES CPAS, PLLC
Ref. Number: W24000092652

We have received your document for BD & ASSOCIATES CPAS, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 024A00013287

RECEIVED

JUL - 8 2024

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. BD & ASSOCIATES CPAS, PLLC, 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. NEVADA

(Jurisdiction under the law of which foreign limited liability company is organized)

27-4279115

3. (FEI 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)

1671 W HORIZON RIDGE PKWY

1671 W HORIZON RIDGE PKWY

5. (Street Address of Principal Office)

6. (Mailing Address)

SUITE 220

SUITE 220

HENDERSON, NV 89012

HENDERSON, NV 89012

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

Name: TRACEE GRESES

Office Address: 1680 FRUITVILLE RD #202

SARASOTA, FL

34236

(City)

, Florida

(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.

Tracee Gress

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: BRENT BARLOW	<input checked="" type="checkbox"/> Manager	Name: RICHARD S. DOUGLAS
<input type="checkbox"/> Member	Address: 1671 W HORIZON RIDGE PK	<input type="checkbox"/> Member	Address: 1671 HORIZON RIDGE PKW
<input type="checkbox"/> Authorized	STE 220	<input type="checkbox"/> Authorized	STE 220
Person	HENDERSON, NV 89012	Person	HENDERSON, NV 89012
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: DEAN WALKER	<input checked="" type="checkbox"/> Manager	Name: TRACEE GRESS
<input type="checkbox"/> Member	Address: 1671 W HORIZON RIDGE PK	<input type="checkbox"/> Member	Address: 1671 HORIZON RIDGE PKW
<input type="checkbox"/> Authorized	STE 220	<input type="checkbox"/> Authorized	STE 220
Person	HENDERSON, NV 89012	Person	HENDERSON, NV 89012
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: T. GARTH MCBRIDE	<input checked="" type="checkbox"/> Manager	Name: MATT JOHNSON
<input type="checkbox"/> Member	Address: 1671 W HORIZON RIDGE PK	<input type="checkbox"/> Member	Address: 1671 HORIZON RIDGE PKW
<input type="checkbox"/> Authorized	STE 220	<input type="checkbox"/> Authorized	STE 220
Person	HENDERSON, NV 89012	Person	HENDERSON, NV 89012
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

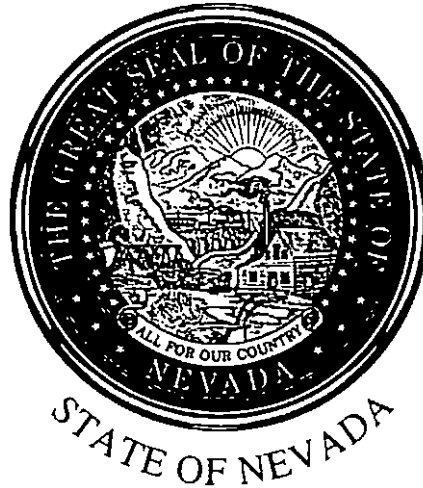
Tracee Gress

Signature of an authorized person

TRACEE GRESS

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

BD & ASSOCIATES CPAS, PLLC

Organizational Documents on File	Filing Date
Amendment to Articles of Organization	12/18/2019
Amendment	02/07/2019
Amendment	02/04/2016
Amendment	01/26/2015
Articles of Organization	12/15/2010

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BD & ASSOCIATES CPAS, PLLC, as a DOMESTIC PROFESSIONAL LLC (89) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/15/2010, and is in good standing in this state.