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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: **Registration Section** Division of Corporations

BWB Advisory Group, LLC

SUBJECT:

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• •

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 R McLeod				
	Name of Person			
BWB Advisory Group, LLC				
	Firm/Company			
PO Box 311710				
Address				
Enterprise, AL 36331-1710				
	City/State and Zip Code			
jsmith@bwb.cpa				
E-mail address: (to	be used for future annual report notification)			
er information concerning this matter, please c	:ali:			
Brian R McLeod	334 347-9509 at ()			
Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
rananassee, 112 525 14	Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
Please make check payable to: FLORIDA DE				
■ \$125.00 Filing Fee □ \$130.00 Filing F Certificate	÷ •			

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. BWB Advisory Group, LLC

f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alt	ernate name must include "Limited Li	ability Company," "L.L.C," or "LL
Alabama			03-2951526	
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)	
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration) ne penalty ha	hility)	
529 Boll Weevil Circle			O Box 311710 (Mailing Address)	
reel Address of Principal Office)			(Mailing Address)	
Enterprise, AL 36330		E	nterprise, AL 36331-1710	
Name and <u>street addres</u>	<u>s</u> of Florida registered agent: (P.O. Box		ceptable)	2024 OCT 3
Name:	Walter P Wilkerson			30 P
Office Address:	263 Jack Knife Drive			- T PH 5: 00
	Watersound		32461 , Florida	ō
	(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.

Watter P. Wilkerson (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:	Title or Capacity:	Name and Address:
Manager	Name:	■ Manager	Name:
Member	Address: PO Box 311710	■ Member	Address: PO Box 311710
□Authorized	Enterprise, AL 36331	Authorized	Enterprise, AL 36331
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Steven G Smith
Member	Address: PO Box 311710	■Member	Address: PO Box 311710
□Authorized	Enterprise, AL 36331	Authorized	Enterprise, AL 36331
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
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. 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. 1 am aware that any false information submitted in a document to the Department of <u>State constitutes</u> a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Brian R McLeod

Typed or printed name of signee

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that BWB Advisory Group, LLC was formed in Alabama on August 17, 2023. The Alabama Entity Identification number for this entity is 001-094-927. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20241018000017022

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/18/2024

Date

D. Coll

Wes Allen

Secretary of State