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(Red	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
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Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
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O SIMMONS APR 2 0 2017



April 14, 2017

PATRICIA BESKOS PO BOX 1974 KEY LARGO, FL 33037

SUBJECT: BAY VIEW PROPERTIES LLC

Ref. Number: W17000032569

We have received your document for BAY VIEW PROPERTIES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1055.00.

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

Letter Number: 717A00007333

Octavia I Simmons Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	ì						
SUBJECT: BAY VIEW PROPERTIES LLC Name of Limited Liability Company							
The enclosed "Application by Fore Existence, and check are submitted							
Please return all correspondence co	oncerning this matter to the	following:					
Pate	SciA & BE	skos	**************************************	····			
	N	ame of Person					
	F	irm/Company					
P. O.	Box 1914						
		Address					
KEY	LARGO, FI	33037					
/	LARQU, FI City/S	State and Zip Code					
PTE	BESKUS @ VA / E-mail address: (to be used	d for future annual	report noti	ification)			
For further information concerning							
PATRICIA S Name of	BESKUS Contact Person	at (<u>31/2</u> Area Code) <u>882</u> Dayi	-1230 time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration But Clifton But 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
Enclosed is a check for the followin ☐ \$125.00 Filing Fee	ng amount: \$\infty\$\$ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing	g Fee &	□ \$160.00 Filing Fee, Certifications & Certified Conv	icate		

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 FOR COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	reign limi	MED L	IABILITY
1. BAY VICW PROPERTES ILC /(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI	-C:")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name n Liability Company," "L.L.C," or "LLC.")	must include	"Limit	ed
2. De Award & 3. 22-31/0426 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 22-31/0426 (FEI number, if applicable)	······································		
4. 5-19-2013 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 325 Calusa St			
Key Large, F. 13037 (Street Address of Principal Office)	, s. je	17	
6. P. O. Box 1974	7		1 · · · · · · · · · · · · · · · · · · ·
Key LARGU, F1 33037 (Mailing Address)			,
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Patricia & Beskus		199 275	
Name: <u>PATRICIA 3 BESKOS</u> Office Address: <u>325 CA/USA 5+ #225</u>		, , ,	
KEY LARGU , Florida 33037 (Zip code)			
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this complywith the provisions of all statutes relative to the proper and complete performance of my duties, as accept the obligations of my position as registered agent.	apacity. I j	furthe	r agree
(Registered agent's signature)			
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: PAHICIA 5 BESKUS MEMPEL 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
HOTHURY C BESKUS, MEMPER			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cus jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the of the translator must be submitted)	tody of rece	ords in under	the roath
Signature of an authorized person			
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fall submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15.	lse informat 5, F.S.	tion	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BAY VIEW PROPERTIES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2017.

Authentication: 202352109

Date: 04-10-17

3178443 8300 SR# 20172389240