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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
Special Histinctions to	Fining Officer.	
WIH-	33536	

Office Use Only



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05/21/14--01006--025 **125.00



B. BOSTICK
JUN 2 0 2014
EYAMINER

COVER LETTER

	stration Section ion of Corporation	s			• ,	
SUBJECT: _	B	VR G	oup	LLC		
		Nan	ne of Limit	ted Liability Company		
					Transact Business in Florida," ility company to transact busin	
Please return a	ill correspondence co	oncerning this ma	atter to th	e following:		
		Mid	nacl	Rabin		
			N	Name of Person		
		ΒV	R	GNV Firm/Company		
			I	Firm/Company		
		3	Wate	NiW Drive		
	-	DCLan	Ric	Jgy FL State and Zip Code	33443	
		E-mail address	うりい : (to be use	ed for future annual report not	ification)	
For further infe	ormation concerning	this matter, plea	se call:			
	Michal			_at (_917)	843 - 4743 Daytime Telephone Number	,
		Contact Person		Area Code	Daytime Telephone Number	, ,
Divis	LING ADDRESS: ion of Corporations tration Section		Divisio	ET ADDRESS: on of Corporations ration Section		*****
P.O. 1	Box 6327 hassee, FL 32314		Cliftor	Building Executive Center Circle		
				assee, FL 32301		- -
	a check for the fo					
SX \$11	25.00 Filing Fee	□ \$130.00 Filin Certificate of		□ \$155.00 Filing Fee & Certified Copy		



(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Poreign Limited Liability Company; must include "Limited Liability Company," L.L.C., or "LLC.)	
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must includ bility Company," "L.L.C," or "LLC.")	e "Limite
Delausa 3	
Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
3 Watruiw Drive	
OCCAN Ridge FL 33435: (Street Address of Principal Office)	
	- ;
Same 4) 4604.	, , , , , , , , , , , , , , , , , , ,
	<u> </u>
(Mailing Address)	;
The name, title or capacity and address of the person(s) who has/have authority to manage is/are	:
Michael Robi - Manage (MGR	<u>) </u>
3 Water Din	
3 Water Din = = 000 Deca Rese, FL 33435	
Michael Robin - Manage (MGR 3 Waterin Din Ocea Rose, PL 33435	
3 Wather Din Occa Risk, FL 33435 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the	not
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Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the cust be submitted) Signature of an authorized person	not transla

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	BUR GRUP LLC		
If unavailable, the	e alternate to be used in the state of Florida is:		
2. The name and	the Florida street address of the registered agent and office are:		
	Alissa Rabin		
-	(Name)	-	
	3 Waterin Disc		
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	·	* * * * *
	Florida Street Address (P.O. Box NOT ACCEPTABLE) Occar Roll FL City/State/Zip	. Б . П	
	City/State/Zip		
		نَىٰ	

(Signature)

Statutes.

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BVR GROUP 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 NINTH DAY OF MAY, A.D. 2014.

5506384 8300

140587194

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1359395

DATE: 05-09-14

You may verify this certificate online at corp.delaware.gov/authver.shtml



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2014

MICHAEL RABIN 3 WATERVIEW DRIVE OCEAN RIDGE, FL 33443

SUBJECT: BVR GROUP LLC Ref. Number: W14000033536

We have received your document for BVR GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 814A00011605