# M/S00005633

•		
(Re	questor's Name)	
(Ade	dress)	
(Adı	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filling Officer:	
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Office Use Only



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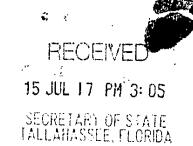
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### FLORIDA DEPARTMENT OF STATE Division of Corporations



June 24, 2015

DENISE E SCHNEIDER 1 CUSTOM HOUSE STREET, STE 4 PROVIDENCE, RI 02903

SUBJECT: BCP PROPERTIES, LLC Ref. Number: W15000043363

We have received your document for BCP PROPERTIES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00013294

#### **COVER LETTER**

UBJECT:	P Properties, LL	C				
	·	Name of	Limited Liability (	Company		=
		reign Limited Liability Com d to register the above refer				
lease return all	correspondence o	concerning this matter to the	following:			
•	Denise E Schne	eider				
		N	ame of Person			-
	Bluedog Capita	al Partners, LLC				
	-	F	irm/Company			-
	1 Custom Hous	e Street, Suite 4				
			Address			-
	Providence, RI	02903		,	2015 JI SECRI	77
		•	tate and Zip Code	•	TAR.	
_	denise@bluedog 	•				m
or further infor	mation concernin	E-mail address: (to be use g this matter, please call:	d for future annual	report notification)	STATE LORIDA	D
Denise	Schneider		401 at (	421-9200		
<del>- "</del>	Name c	of Contact Person	Area Code	Daytime Tele	ephone Number	_
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ex 6327 ssee, FL 32314			STREET ADDRI Division of Corpor Registration Section Clifton Building 2661 Executive Co Tallahassee, FL 32	rations on enter Circle	
	eck for the follow .00 Filing Fee	ing amount: □ \$130.00 Filing Fee &	□ \$155.00 Filir			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:

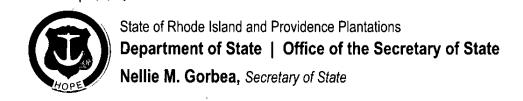
1. BCP Properties, LLC (Name of Fore	eign Limited Liability Company; mus	st inclu	ide "Limited Lial	nility Company," "L.L	. C.," or "l	LC.")	
`					,	,	
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose," or "LLC.")	e of tra	insacting busines	s in Florida. The alter	nate name	must inc	clude "Limited
2 Rhode Island	•	3.	05-0518677				
(Jurisdiction under the law of which foreign limited liability company is organized)				(FEI number, if ap	plicable)		
4. 4/1/2015							
	(Date first transacted busine (See sections 605 0904 & 605.	ss in F .0905,	lorida, if prior to F.S. to determine	registration.) penalty liability)			
5. 1 Custom House Stree	t, Suite 4						
Providence, RI 02903							
· <u></u>	(Street Address of I	Princip	al Office)				
6. Custom House Street	, Suite 4						
Providence, RI 02903					=		
	(Mailing A	Addres	es)		SEC.	2015	
7. Name and street addres	ss of Florida registered agent: (P.	О. Во	x <u>NOT</u> accept	able)	AET.		<u> </u>
Name:	Richard R. Tasca			_	3SS YAA	רו אוני	
Office Address:	17501 Biscayne Blvd, Suite 300	Э		_	FP OF	ת ס	<u> </u>
	Aventura			, Florida 33160	STA STA	<del>4.</del>	0
Registered agent's accep	(City)				od (Friday	90	
his application, I hereby	egistered agent and to accept serv accept the appointment as regist statutes relative to the proper an ition as registered agent.	tered a	agent and agre	e to act in this capa	city. I fu	rther ag	gree to comply
	(Registe	ered ag	gent's signature)				
8. The name, title or capa Sean N. Marchionte, Man	acity and address of the person(s)	who h	nas/have author	ity to manage is/are	:		
1 Custom House St, Suite	4					<del></del>	
Providence, RI 02903							•
	of existence, no more than 90 day of which it is organized. (If the coubmittee)						
	Signature	of an a	authorized person				
Un accordance with section	on 605 0203 F.S. the execution o	f this	document const	ritutes an affirmation	s under th	e nenal	tiac of parium (

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Sean N. Marchionte

the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third



Certification Number: 15060017750

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

#### **BCP Properties, LLC**

a Rhode Island limited liability company, filed original articles of organization in this office on

May 13, 2009

Effective

May 13, 2009

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Tullin U. Kolen

Monday, June 08, 2015

Secretary of State

Authorized Agent

