M17000001481

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W1700001180





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D. BRUCE FEB 21 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2017

MEGAN T. SCAGLIONE 6300 SAGEWOOD DRIVE, SUITE H-117 PARK CITY, UT 84098

SUBJECT: BV-AZEELE, LLC Ref. Number: W17000001180

We have received your document for BV-AZEELE, LLC and your check(s) totaling \$125.00. 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: 717A00000358

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		Bayside Ve	enture, LLC				
3003CC1.		Name of I	Limited Liability	Company			
The enclosed "Application Existence, and check are							
Please return all correspo	ondence concerning th	nis matter to the	following:				
		Megan	T. Scaglione				
		N:	ame of Person	•			
		Cor	porate Office				
	Firm/Company						
		6300 Sagewo	ood Drive, Suite F	H-117			
			Address			2017 JEN TALL	
		Park	City, UT 84098			Air Æ	77
		-	ate and Zip Code			8 21	F
	È mail ada		tyinfo@me.com for future annua	l romant mat	ification)		[7]
For further information c			i toi iuture amua	героп пос	meadon)	TORIDA CLARC TORIDA	
Megan T. Scag	lione		813 at (908-22	11		
	Name of Contact Pe	rson	Area Code	Day	time Telepho	one Number	
MAILING AD Division of Cor Registration See P.O. Box 6327 Tallahassee, FL	porations ction			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporatio ion Section uilding cutive Center ee, FL 32301	ons r Circle	
Enclosed is a check for t ■ \$125.00 Filin		Filing Fee & of Status	S155.00 Filin Certified Copy			Filing Fee, Cert Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANTIONIONALIBE	Bayside Venture, LL	C		
(Name of For	eign Limited Liability Company; must include "Lir	nited Liability Company," "L.L.C	" or "LLC.")	
(*	BV-Azeele, LLC		,	
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transactin " or "LLC.")	g business in Florida, The alterna	ite name must include	"Limited
2 Delaware	3, 45	-3038826		
	of which foreign limited liability	(FEI number, if appli	icable)	
4.				
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)		
5.	6300 Sagewood Drive, Suite H-1			
·	Park City, UT 84098		_	
	(Street Address of Principal Offic	-r)		
	6300 Sagewood Drive, Suite H-		_ 1	
6	0500 Sagewika Diffe, Saite II-		2017 2017 A) L	
	Park City, UT 84098		AIN FEB	
	(Mailing Address)		B 2	eneme p.ee
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	<u>T</u> acceptable)	55	المناع إ
Name:	Basil N. Scaglione			
Office Address:	405 South Dale Mabry Hwy, #128		II: 5 SIAI: LORID	
	Tampa	, Florida 33609	> 1	
	(City)	(Zip coc	de)	
designated in this applicate to complywith the provisi	rgistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and only position as registered agent. (Registered agent)	istered agent and agree to act complete performance of my	t in this capacity. I	further agree
8. The name, title or caps	acity and address of the person(s) who has/hav	ve authority to manage is/are:		
	nager - 6300 Sagewood Drive, Ste H-117, Par			
	ager - 405 S Dale Mabry Hwy, # 128, Tampa,	· · · · · · · · · · · · · · · · · · ·		
	e of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in ubmitted) Signature of an author	n a foreign language, a transla		
	d in accordance with section 605.0203 (1) (b), to the Department of State constitutes a third de			ation
	Basil N. Scagli	one		

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BAYSIDE VENTURE 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 SIXTH DAY OF FEBRUARY, A.D. 2017.

e at corp delaware gov/au

Authentication: 201986386

Date: 02-06-17