

M17000004409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

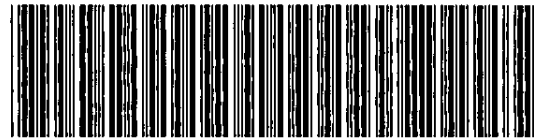
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17 MAY 23 PM 3:00

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MAY 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BEACHCOMBERS, LLC**

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:

SHELLY FORE

Name of Person

C&F ENTERPRISES, INC

Firm/Company

819 BLUECRAB ROAD

Address

NEWPORT NEWS, VA 23606

City/State and Zip Code

SFORE@CNFEI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELLY FORE

Name of Contact Person

at **757**

Area Code

310-6100

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

RECEIVED

2017 MAY 23 PM 4:17

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

AS

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. BEACHCOMBERS, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")
BEACHCOMBERS COASTAL LIFE, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. VIRGINIA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-1443611
(FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))
5. 18301 N TAMiami TRl
(Street Address of Principal Office)
NORTH FORT MYERS, FL 33903-1306
6. 818 BLUECRAB ROAD
(Mailing Address)
NEWPORT NEWS, VA 23606

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(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.

Jenifer Vincent

Vice President & Assistant Secretary

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MEMBER</u>	<u>CAROL FANG</u> <u>818 BLUECRAB ROAD</u> <u>NEWPORT NEWS, VA 23606</u>	<u>MEMBER</u>	<u>JAMES T FANG</u> <u>818 BLUECRAB ROAD</u> <u>NEWPORT NEWS, VA 23606</u>
<u>MEMBER</u>	<u>EDWARD FANG</u> <u>818 BLUECRAB ROAD</u> <u>NEWPORT NEWS, VA 23606</u>		

(Use attachments if necessary)

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)

Signature of authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edward Fang

Typed or printed name of signer

17 MAY 23 PM 3:00

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Beachcombers, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 8, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
May 12, 2017*

Joel H. Peck

Joel H. Peck, Clerk of the Commission