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**DATE:**

5/25/17

**NAME:**

BPMP-F, LLC

**TYPE OF FILING: APPLICATION FOR AUTHORITY**

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130.00

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

Abbie Hodge

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BPMP - F, 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:

**MARK M. VIERCK**

Name of Person

**VIERCK & RAKOSKI, CPAs, P.C.**

Firm/Company

**606 SE 117TH AVENUE, SUITE 100**

Address

**VANCOUVER, WA 98683**

City/State and Zip Code

**mark@vrccpas.com**

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

For further information concerning this matter, please call:

**Mark M. Vierck**

Name of Contact Person

at **360** **356-3808**

Area Code

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

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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. BPMP - F, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Oregon

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1596284

(FBI number, if applicable)

4. 5/25/2017

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 606 SE 117th Avenue, Suite 100

(Street Address of Principal Office)

Vancouver, WA 98683

6. 606 SE 117th Avenue, Suite 100

(Mailing Address)

Vancouver, WA 98683

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

Name: Scott G. Miller

Office Address: 200 South Orange Avenue, Suite 800

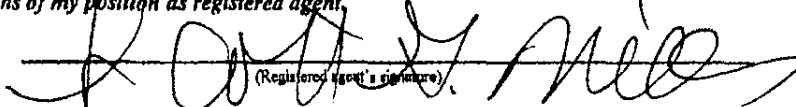
Orlando, Florida 32801

(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.

  
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager/President

Dorian S. Boyland

4301 Millenia Boulevard  
Orlando, FL 32839

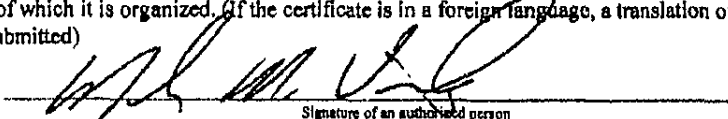
Vice President/ Secretary

Mark M. Vierck

606 SE 117th Avenue, Suite 100  
Vancouver, WA 98683

(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 an 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.

MARK M. VIERCK

Typed or printed name of signee

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 303Y616P3

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

**BPMP - F, LLC**

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.



A handwritten signature in cursive script, appearing to read "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

5/25/2017

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