M17000004663

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

Office Use Only



400299631434

05/30/17--01038--009 **125.00

O SIMMONS JUN 0 1 2017

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: BCL PROPERTY, 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:

SH	EL	LY	FO	RE
----	----	----	----	----

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

._.757 、310-610

Name of Contact Person

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

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:

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business is	n Florida. The a	lternate name must include "Limite	d Liability Company," "L.L.	C," or "LLC.")
2. VIRGINIA		3.	82-1622314		
	hich foreign limited liability company is organized)	_		number, if applicable)	
4. <u>5/25/2017</u>					
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration termine penalty	n.) liability)		
5. 18301 N TAMIAMI	TRL	6.	819 BLUECRAB RO	DAD	
(Street Address of Principal Office)				Address)	· · · · · ·
NORTH FORT MYE	ERS, FL 33903-1306		NEWPORT NEWS,	VA 23606	
7. Name and street address	ss of Florida registered agent: (P.O. I	Box <u>NOT</u>	acceptable)		
Name:	BEACHCOMBERS COASTAL	LIFE LLC	<u> </u>		. 70
Office Address:	18301 N TAMIAMI TRL				्र (ः)
Office Hadress.	NORTH FORT MYERS		, Florida 33903	3-1306	
	(City)			ip code)	• •
		per ana co	emplete performance of	my duties, and I an	ı familiar with
, -	s of my position as registered agent. ALL ALLG (Registered ag	ent's signature)			i familiar with
, -	s of my position as registered agent. (acel A Hang)	ent's signature) o has/have			
8. The name, title or caps	as of my position as registered agent. And Algorithms (Registery agent) acity and address of the person(s) wh	o has/have	authority to manage is/a	re:	.ddress:
8. The name, title or caparity:	acity and address of the person(s) wh Name and Address: JAMES T FANG 819 BLUECRAB ROAD	o has/have	authority to manage is/a	re: <u>Name and A</u> CAROL FA als bluecrab ro	.ddress: NG
8. The name, title or caparity:	acity and address of the person(s) wh Name and Address: JAMES T FANG	o has/have	authority to manage is/a	re: Name and A CAROL FA	.ddress: NG
8. The name, title or caparity: MEMBER	acity and address of the person(s) wh Name and Address: JAMES T FANG 819 BLUECRAB ROAD	o has/have	authority to manage is/a	re: <u>Name and A</u> CAROL FA als bluecrab ro	.ddress: NG
8. The name, title or caparity:	acity and address of the person(s) wh Name and Address: JAMES T FANG 819 BLUECRAB ROAD NEWPORT NEWS, VA 23006	o has/have	authority to manage is/a	re: <u>Name and A</u> CAROL FA als bluecrab ro	.ddress: NG
8. The name, title or caparity: MEMBER	acity and address of the person(s) when Name and Address: JAMES T FANG 19 BLUECRAB ROAD NEWPORT NEWS, VA 23606 EDWARD FANG	o has/have	authority to manage is/a	re: <u>Name and A</u> CAROL FA als bluecrab ro	.ddress: NG
8. The name, title or caparity: MEMBER	acity and address of the person(s) when Name and Address: JAMES T FANG 19 BLUECRAB ROAD NEWPORT NEWS, VA 23606 EDWARD FANG 19 BLUECRAB ROAD NEWPORT NEWS, VA 23606	o has/have	authority to manage is/a	re: <u>Name and A</u> CAROL FA als bluecrab ro	.ddress: NG
8. The name, title or cape Title or Capacity: MEMBER MEMBER (Use attachments if neces) 9. Attached is a certificate	acity and address of the person(s) when Name and Address: JAMES T FANG BIS BLUECRAB ROAD NEWPORT NEWS, VA 23606 EDWARD FANG BIS BLUECRAB ROAD NEWPORT NEWS, VA 23606 SSARY) e of existence, no more than 90 days of of which it is organized. (If the certification)	o has/have I M	authority to manage is/a itle or Capacity: MEMBER	re: Name and A CAROL FA all BLUECRAB RO NEWPORT NEWS.	ANG AD VA 23806 Trecords in the
8. The name, title or cape Title or Capacity: MEMBER MEMBER (Use attachments if necessity of the content of the cape of the capacity of th	acity and address of the person(s) when Name and Address: JAMES T FANG BIS BLUECRAB ROAD NEWPORT NEWS, VA 23606 EDWARD FANG BIS BLUECRAB ROAD NEWPORT NEWS, VA 23606 SSARY) e of existence, no more than 90 days of of which it is organized. (If the certification in the composition of which it is organized. (If the certification in the composition of which it is organized. (If the certification in the c	o has/have I M	authority to manage is/a itle or Capacity: MEMBER athenticated by the official foreign language, a train	re: Name and A CAROL FA all BLUECRAB RO NEWPORT NEWS.	ANG AD VA 23806 Trecords in the
8. The name, title or caps Title or Capacity: MEMBER MEMBER (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be second to the translator	acity and address of the person(s) when Name and Address: JAMES T FANG BIS BLUECRAB ROAD NEWPORT NEWS, VA 23606 EDWARD FANG BIS BLUECRAB ROAD NEWPORT NEWS, VA 23606 SSARY) e of existence, no more than 90 days of of which it is organized. (If the certification in the composition of which it is organized. (If the certification in the composition of which it is organized. (If the certification in the c	o has/have I old, duly at ficate is in a statute over sufficate.	authority to manage is/a itle or Capacity: MEMBER athenticated by the official foreign language, a training language of the control of the c	re: Name and A CAROL FA THE BLUECRAB RO NEWPORT NEWS THE STATE OF	ANG AD VA 23606 Trecords in the licate under oath

Typed or printed name of signee

Commonboealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That BCL Property, 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 19, 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 23, 2017

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1705235344