M18000010431

(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:

Office Use Only



100321055451

18 NOV 21 PH 2: 01



O SIMMONS NOV 2 6 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 499579 7912084

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 21, 2018

ORDER TIME : 10:09 AM

ORDER NO. : 499529-010

CUSTOMER NO: 7912084

FOREIGN FILINGS

NAME: BCI MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	BCI Management, I	J.C		
SOMECT.		Name of	Limited Liability Company	····
The enclosed Existence, and	"Application by For I check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authorization to Transced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return a	all correspondence o	concerning this matter to the	following:	
	Marie Censopla	ano		
		N	ame of Person	
	BCI Manageme	ent, LLC		
		Fi	rm/Company	
	4 International	Drive, Suite 330		
			Address	
	Rye Brook, Ne	w York 10573		
		City/S	tate and Zip Code	
	Marie,Censoplan	-		
		E-mail address: (to be used	for future annual report no	tification)
For further inf	formation concernin	g this matter, please call:		
Mari	ie Censoplano		914 23-4-83	913
-	Name o	f Contact Person	Area Code Day	rtime 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		
	check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	contract the state of the state	ed Liability Company," "L.L.C.," or "L	I.C.)
ome uravadable, enter alternate no	nne adopted for the purpose of transacting business in Flo	onds. The alternate some most include "Limit	nd Liability Company," "L.I.C," or "I.J.C."
Delaware		3	
	sch foreign limited liability company is organized)	j. (n.	l number, tí applicable)
n/a			
	(1) the first transacted business in Florata, if prior to (See sections 605 0/414 & 613 0/415, E.S. to determ	regrestrations)	
4 International Drive		6. 4 International Drive	
(Street Address of P	rmctpal Office)	(Maileo	r Address)
Suite 330		Suite 330	دن
Rye Brook, NY 10573		Rye Brook, NY 10573	
			•
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company	····	: تور
Office Address:	1201 Hays Street		co
311103710010371	Tallaka	22201	
	Tallahassee (Cav)	, Florida 32301	رث المهادية
a accept the obligations	of my puvition as registered agent. Corporation Service Company	r and complete performance of	my duties, and I am familian Roxanne Turne Asst. Vice Presid
	of my purition as registered agent. Corporation Service Company By: (Residened agent)	signature)	Asst. Vice Presid
	of my putition as registered agent. Corporation Service Company By:	signature)	Asst. Vice Presid
. The name, title or caps	Corporation Service Company By: (Resistered agent) (Resistered agent) (Resistered agent) (Resistered agent) (Resistered agent)	as/have authority to manage is/a	Asst. Vice Presid
The name, title or caps Title or Capacity:	Corporation Service Company By: (Registered agent)	as have authority to manage is/a	Asst. Vice Presidere:
The name, title or caps Title or Capacity:	A of my position as registered agent. Corporation Service Company By: (Residend agent) (Residend ag	as have authority to manage is/a	Hoxanne Turne Asst. Vice Presid are: Name and Address: Marie Censoplano 4 International Drive,
The name, title or caps Title or Capacity: President & CEO	A of my position as registered agent. Corporation Service Company By: Residered agent Re	as have authority to manage is/a	Hoxanne Turne Asst. Vice Presid are: Name and Address: Marie Censoplano 4 International Drive,
The name, title or caps Title or Capacity: President & CEO	of my position as registered agent. Corporation Service Company By: (Residered agent) (Residered agent) (Residered agent) (Residered agent) (Residered agent) (Andrews of the person(s) who have and Address: [Jeffrey S. DeMond] [Jeffr	as have authority to manage is/a	Hoxanne Turne Asst. Vice Presid are: Name and Address: Marie Censoplano 4 International Drive,
The name, title or caps Title or Capacity: President & CEO Executive VP & CEO Use attachments if neces Attached is a certificate	Andrew C. Kober 4 International Drive, # 330 Rvc Brook, NY 10573 Andrew C. Kober 4 International Drive, # 330 Rvc Brook, NY 10573 Sary)	as/have authority to manage is/a Title or Capacity: Senior VP and GC	Marie Censoplano 4 International Drive, Rve Brook, NY 1057.

Typed is primed name of timee

Marie Censopiano

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BCI MANAGEMENT, 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCI MANAGEMENT, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203947655

Date: 11-21-18

4835470 8300 SR# 20187760028