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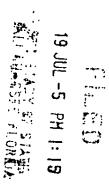
| (Re | equestor's Name) | |
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| (Bu | siness Entity Nam | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | £ |
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Office Use Only



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May 29, 2019

CATHERINE E DILLMAN 22969 CALICO JACK CIR CUDJOE KEY, FL 33042

SUBJECT: B & C MANAGEMENT LLC

Ref. Number: W19000042624

We have received your document for B & C MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 919A00010738



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2019

CATHERINE E DILLMAN 22969 CALICO JACK CIR CUDJOE KEY, FL 33042

SUBJECT: B & C MANAGEMENT LLC

Ref. Number: W19000042624

We have received your document for B & C MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P07000022523.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 019A00008752

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Bec Management, 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: | | | | | |
| Catherine E. Dillman Name of Person | | | | | |
| BIC Management, LLC Firm/Company | | | | | |
| 22969 Calico Jack Circle Address | | | | | |
| Cudjoe Key FL 33042 City/State and Zip Code | | | | | |
| Catherine _ dillman (a) com cost. net E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Catherine E. Dillman at (240) 466-1859 Name of Contact Person Area Code Daytime Telephone Number | | | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301 | | | | | |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE | | | | | |
| \$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum | | | | | |

RECEIVED
JUL 0 5 2019

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

| | TION 605.0902, FLORIDA STATUTES, THE I ISINESS IN THE STATE OF FLORIDA: | FOLLOWING IS SUBMITTED | OTO REGISTER A FO | REIGN LIMITED LIABILITY |
|---|---|---|-------------------------------|---------------------------|
| 1. Bac M | anagement, LLC Limited Lightlity Company; must include "Limit | ted Lightlity Company " "L L C | "or "1 (C ") | |
| | joe Management L | | | |
| | | lorida. The alternate name must include | de "Limited Liability Comp | any," "L.L.C," or "LLC,") |
| 2. Jurisdiction under the law of wh | ich foreign limited liability company is organized) | 3 | (FEI number, if applic | able) |
| 4 | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | o registration.) nine penalty liability) | | |
| 5. 22969 Calic (Street Address of P | | 6. 22969 | Calico Jack (Mailing Address) | Circle |
| Cudjoe Key | 1, FL 33042 | Cudjoe | Key, FL | 33042 |
| 7. Name and street address | s of Florida registered agent: (P.O. Bo | x <u>NOT</u> acceptable) | - <u></u> | 19 JUL -5 |
| Name: | Catherine E. Dillm | ian | | 고 건 |
| Office Address: | 22969 Calico Jac | | | - |
| | Cudjoe Key | . Florida | 33042 (Zip code) | |
| designated in this applicat to comply with the provision | tance: gistered agent and to accept service of ion, I hereby accept the appointment o ons of all statutes relative to the prope of my position as registered agent. | as registered agent and ag | gree to act in this c | apacity. I further agree |
| | Cotherixe G. (Registered agent's | Willman signature) | | |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name: Cotherine E Dillman Manager Manager Manager Name: _____ Address: 22969 Calico Jack Circk Member Member Address: _____ Cudjoe Key, FL 33042 Authorized Authorized Person Person Other_ Other___ Other Other___ Name: Robert V. Dillman Manager Manager Address: 22969 Calico Jack Circk Member Member Address: Cudioe Key, FL 33042 Authorized Authorized Person Person Other Other____ Other_ Manager Name: Manager Member ☐ Member Address: __ Authorized Authorized Person Person Other____ Other Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 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. Catherine E. Dillman

Catherine E. Dillman

Timed or printed name of sizence

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

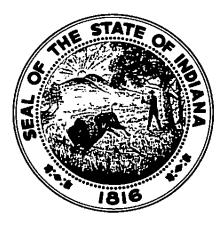
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

B&CMANAGEMENT LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 29, 2012, and was in existence or authorized to transact business in the State of Indiana on June 21, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 21, 2019

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE

2012062900225 / 20191011051

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 21, 2019.