

MI19000010102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

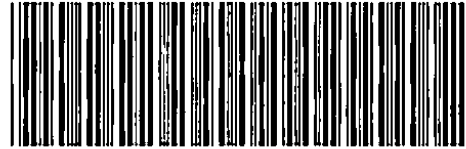
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



5003352928

10/09/19--01017--015

D. BRUCE
OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCause Secure LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact busi

Please return all correspondence concerning this matter to the following:

Dawn Chapman

Name of Person

BCause Secure LLC

Firm/Company

192 Ballard Court, Suite 303

Address

Virginia Beach, VA 23462

City/State and Zip Code

Dawn.Chapman@bcause.com

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

For further information concerning this matter, please call:

Dawn Chapman

757

636-0416

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee
of Status & Certif

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BCause Secure 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. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2016795
(FEI 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. 192 Ballard Court, Suite 303
(Street Address of Principal Office)

6. 192 Ballard Court, Suite 303
(Mailing Address)

Virginia Beach, VA 23462
Virginia Beach, VA 23462

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

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH ST N STE 300

ST PETERSBURG, Florida 33702
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am and accept the obligations of my position as registered agent.

Bill Hume

(Registered agent's signature)


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Thomas G. Flake</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bruce Pollack</u>
<input type="checkbox"/> Member	Address: <u>192 Ballard Court, Suite 303</u>	<input type="checkbox"/> Member	Address: <u>318 W. Adan</u>
<input type="checkbox"/> Authorized	<u>Virginia Beach, VA 23462</u>	<input type="checkbox"/> Authorized	<u>Chicago, IL 60606</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Brian Sayler</u>	<input type="checkbox"/> Manager	Name: <u>Dawn Chapman</u>
<input type="checkbox"/> Member	Address: <u>48 Bensam Place</u>	<input type="checkbox"/> Member	Address: <u>192 Ballard C</u>
<input type="checkbox"/> Authorized	<u>North Haledon, NJ 07508</u>	<input checked="" type="checkbox"/> Authorized	<u>Virginia Beach, VA 234</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes indexed 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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.



Signature of an authorized person

Thomas G. Flake

Typed or printed name of signee

Commonwealth of Virginia



State Corporation Comm

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

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

That the date of its organization is September 25, 2018; 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
August 15, 2019*

Joel H. Peck
Joel H. Peck, Clerk