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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2020

DREW MACEWEN PO BOX 651 UNION, WA 98592

SUBJECT: BZE DEVELOPMENT LLC Ref. Number: W20000013761

We have received your document for BZE DEVELOPMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yvette Scott Document Specialist II

Letter Number: 620A00003011

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www.sunbiz.org

Division of Comparations - DO ROY 6297 Tallahaagaa Flavida 29214

COVER LETTER

TO: Registration Section Division of Corporations

BZE Development LLC

SUBJECT: _

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:

	Name of Person	20 TA
BZE Development LLC		2020 FE
•	Firm/Company	Ξ. B
PO Box 651		1_ 1_ 1 24 PH 1885EE.F
	Address	
Union, WA 98592		: 08 DRIDA
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	

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

For further information concerning this matter, please call:

Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	hassee, FL 32314 2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

■ \$125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

BZE Development LLC

WA

(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 "LI.C.")

2.	3.				
	(Jurisdiction under the law of which foreign limited liability company is organized)		FEl number, it appli) (FEl number		
				20	
				Ξ	
4.				EB	÷ .
	(Date first transacted business in Florida, if prior to registratio (See sections 605.0904 & 605.0905, F.S. to determine penalty	n.) y liability)	ARY	24	1
ç	320 E Dalby Road Suite D	PO Box 651		Pł	
5. (St	eet Address of Principal Office) 0.	(Mailing Address)		<u></u>	$\overline{\bigcirc}$
	Union, WA 98592	Union, WA 98592	DRIDA	80	

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

Name:	Julien Recoussine	
Office Address:	653 West 23rd Street #227	
	Panama City, FL	32405 . Florida
		(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.

e obligations of my position as		
	(Registered agent's 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:	Name and Address:	Title or Capacit	y: <u>Name and Address:</u>
Manager	Name:	□Manager	Name:
□Member	Address: PO Box 651	⊡Member	Address:
Authorized	Union, WA	Authorized	
Person	98592	Person	
□Other	Other	□Other	Other
	Nomo	□Manager	Name:
□Manager	Name:	⊡ Manager	
□Member	Address:	⊡Member	
Authorized		Authorized	
Person		Person	
Other	Other	□Other	DOther
	News		Nama
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□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. Non-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 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.

Signature of an authorized person

Drew MacEwen

Typed or printed name of signee



B MARTINE