

M20000007143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

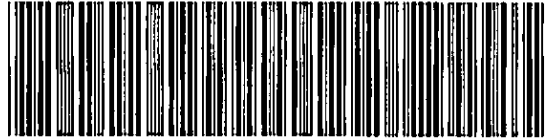
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUL 27 PM 12:46

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8/19/20

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BW TRADITION 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:

BLAKE OBER

\_\_\_\_\_  
Name of Person

COX & COMPANY

\_\_\_\_\_  
Firm/Company

1005 W. INDIANTOWN RD, #202

\_\_\_\_\_  
Address

JUPITER, FL 33458

\_\_\_\_\_  
City/State and Zip Code

BLAKE@COXANDCOMPANYLAW.COM

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

For further information concerning this matter, please call:

BLAKE OBER

561

747-8266

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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, Certificate of Status & Certified Copy

2020.04.27 PM 12:46

**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:*

1. BW TRADITION 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 3. 85-1645029  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/10/2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1005 W. INDIANTOWN RD, #202 6. 1005 W. INDIANTOWN RD, #202  
(Street Address of Principal Office) (Mailing Address)

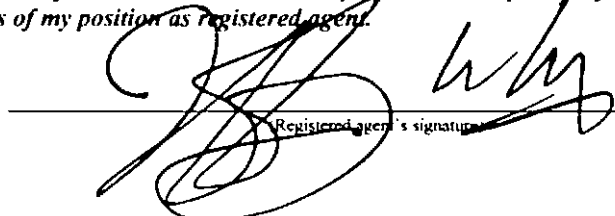
JUPITER, FL 33458 JUPITER, FL 33458

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

Name: COX & COMPANY  
Office Address: 1005 W. INDIANTOWN RD, #202  
JUPITER, Florida 33458  
(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 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.*

  
\_\_\_\_\_  
Registered agent's signature

2/20/2020 12:27 PM

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:**

☐ Manager      Name: VB4 LLC

☒ Member      Address: 1801 PENNSYLVANIA AVE.

☐ Authorized      NW, # 700

Person      WASHINGTON DC 20006

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: WATERFARE LLC

☒ Member      Address: 120 13TH ST NW

☐ Authorized      SUITE 1

Person      CHARLOTTESVILLE, VA 22903

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

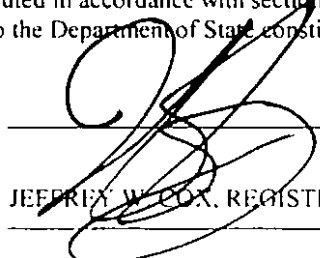
Person      \_\_\_\_\_

☐ 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

JEFFREY W. COX, REGISTERED AGENT

\_\_\_\_\_  
Typed or printed name of signee

# Commonwealth of Virginia



## STATE CORPORATION COMMISSION

Richmond, June 23, 2020

This is to certify that the certificate of organization of

### **BW Tradition LLC**

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business.

Effective date: June 23, 2020



STATE CORPORATION COMMISSION

Attest:

*Joel H. Heck*

Clerk of the Commission

2020 JUN 27 PM 12:46

**Limited Liability Company/Partnership Organization**

**Entity Information**

Entity Name: BW Tradition LLC

Entity Type: Limited Liability Company

**Business Type**

Industry Code: 0 - General

**Duration**

Perpetual(forever)

**Registered Agent Information**

RA Type: Individual

Locality: CHARLOTTESVILLE CITY

RA Qualification: Member of the Virginia State  
Bar

Name: Donna R. DeLoria

Email Address: drd@paynehodous.com

The company's initial registered office address, including the street and number, if any, which is identical to the business office of the initial registered agent, is:

Registered Office Address: 414 E Jefferson St,  
Charlottesville, VA, 22902 -  
5109, USA

Contact Number: N/A

**Principal Office Address**

Address: 120 13th St NW Ste 1, Charlottesville, VA, 22903 - 3093, USA

**Principal Information**

Management Structure: Manager-Managed

**Signature Information**

Date Signed: 06/23/2020

Executed in the name of the limited liability company by:

Printed Name	Signature	Title
Donna R. DeLoria	Donna R. DeLoria	Organizer

2020 JUN 27 PM 12:46

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

AT RICHMOND, JUNE 23, 2020

The State Corporation Commission has found the accompanying articles of organization submitted on behalf of

**BW Tradition LLC**


to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

**CERTIFICATE OF ORGANIZATION**

be issued and admitted to record with the articles of organization in the Office of the Clerk of the Commission, effective June 23, 2020.

The limited liability company is granted the authority conferred on it by law in accordance with the articles of organization, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By 

Mark C. Christie  
Commissioner

2020 JUN 27 PM 12:47



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2020

BLAKE OBER  
1005 W INDIANTOWN RD #202  
JUPITER, FL 33458 US

SUBJECT: BW TRADITION LLC  
Ref. Number: W20000083004

We have received your document for BW TRADITION 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 620A00014423

*Please see attached!  
Stop rejecting my submissions as this  
is a valid company.  
Thank you,*

RECEIVED  
AUG 14 2020