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EXAMINER



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COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Braymad UC 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:
Mothy A. Boswell Name of Person
Braymad UC / Sweet Frog of JAX Beach UC Firm/Company
1094 N. 3rd Street Address
JACKSONVILLE BEACH, FL 32250 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Boswell at (804) 218-7635 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\int_{\text{Certificate}} \int_{\text{S130.00 Filing}} \int_{\text{S155.00 Filing}} \int_{\text{S160.00 Filing}} \int_{\text{S160.00 Filing}} \int_{\text{S160.00 Filing}} \int_{\text{Certificate}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing}} \int_{S

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") URGNIA (Jurisdiction under the law of which foreign limited liability 3. <u>45-5109 149</u> (FEI number, if applicable) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) JACKSONVIlle Beach, FL 32250
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: I MOTHY A. BOSHELL JACKSONVIlle BEACH, FL 32250 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Frozen Yoburt Shop Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S. the execution of this document constitutes an affirmation under the

penalties of perjury that the facts stated herein are true. 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.)

TI MOTHY A. BOSWELL
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Braymad LLC
If unavailable, the alternate to be used in the state of Florida is:
Sweet Frog of JAX BEACH LLC
2. The name and the Florida street address of the registered agent and office are:
TIMOTHY A. BOSWELL (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Jacksonville Beach, FL 32250 City/State/Zip
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

\$ 5.00

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

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

That the date of its organization is April 18, 2012; 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 Date: June 26, 2012

Joel H. Peck, Clerk of the Commission