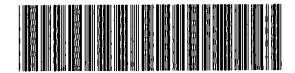
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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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Special Instructions to	Filing Officer:		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

	ACCOUNT NO. :	120000001	95			
	REFERENCE :	\ / /				
AU	THORIZATION	Welena	~			
	COST LIMIT :	\$ 130.00				_
ORDER DATE : Apri	l 22, 2015					
ORDER TIME : 10:5	7 AM					
ORDER NO. : 5989	35-005					
CUSTOMER NO: 7	944521					
	FOREIGN FILI	<u>NGS</u>		iv iv	2995 2995 2995	
NAME: SI	EVEN BRIDGES SU	PPLY LLC		AGRUCTA BASSYRY S BLVIS AB ABYOT	APR 22	(AT 10)
XXXX QUALIFICATION	N (TYPE: <u>LL</u>)			1018 114	1: 19	े सन्द्रह
PLEASE RETURN THE I	FOLLOWING AS PRO	OOF OF FILIN	1G :			
CERTIFIED (XX PLAIN STAMM XX CERTIFICATE	PED COPY	ENG				
CONTACT PERSON: L	rdia Cohen F	YT# 62971				

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations
Subject: Seven Bridges Supply 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:
Juan Michelena
Name of Person
Seven Bridges Supply LLC
Firm/Company
8500 Baycenter Road #18
Address
Jacksonville, FL 32256
City/State and Zip Code
JMICHELENA@THESUPPLYSOURCE.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juan Michelena 904 302.9373
Name of Contact Person Area Code Daytime Telephone Number (5)
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: \$\Begin{array}{c} \D\$ \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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:

Seven Bridges Supply LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	JLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate number of transacting business in Florida. The alternate number of transacting business in Florida.	must include "Limite	ed .
_{2.} Delaware 3.		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicabl company is organized)	e)	
4. April 20, 2015		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
_{5.} 8500 Baycenter Road #18	28	
Jacksonville, FL 32256	20 PG	and the same of
(Street Address of Principal Office) 5. 8500 Baycenter Road #18	122 1234 1234	Service S
Jacksonville, FL 32256		Summer.
(Mailing Address)	77.7 \$24 2.77 work	is see.
7. The name, title or capacity and address of the person(s) who has/have authority to man	age is/are:	
Juan Michelena, President, 8500 Baycenter Road #18, Jacksonville,	FL 32256	
Richard Starke, Vice President, 8500 Baycenter Road #18, Jackson	nville, FL 3225	6
Adam Kaplan, Secretary/Treasurer, 8500 Baycenter Road #18, Ja	···········	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A phoacceptable. If the certificate is in a foreign language, a translation of the certificate under comust be submitted)	otocopy is not	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury the am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided Juan Michelena		are true. I
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	e of the Limited Liability Compa es Supply LLC	iny is:
	le, the alternate to be used in the	state of Florida is:
2. The name	e and the Florida street address o	of the registered agent and office are:
	Corporation Service Company	and the second s
		(Name)
	1201 Hays Street	(Name) 22 PM
Florida Street Address (P.O. Box NOT ACCEPTABLE)		ress (P.O. Box NOT ACCEPTABLE)
	Tallahassee	ress (P.O. Box NOT ACCEPTABLE)
		City/State/Zip
liability com registered as statutes rela	spany at the place designated in the gent and agree to act in this capa ting to the proper and complete publications of my position as regis Corporation Service Company By:	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, Florida Harry B. Davis Asst. Vice Presiden
	(Signa	iture)
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEVEN BRIDGES SUPPLY LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEVEN BRIDGES SUPPLY LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5722179 8300

150543033

AUTHENTY CATION: 2309533

DATE: 04-21-15

You may verify this certificate online at corp.delaware.gov/authver.shtml