(Requestor's Name)		
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
		<u> </u>
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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### COVER LETTER

TO:	Registration Section
	Division of Corporations

Bradshaw Venture, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign finited partnership or limited hability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Robert O. Sammons, Esq.			
Contact Person		_	
Floyd, Sammons & Spanjers, P.A.			
Firm/Company		_	
1556 6th Street SE			
Address		_	2021 2021 1707
Winter Haven, FL 33880			
City, State and Zip Code			
om2@1234bi.com			, û
E-mail address; (to be used for future annual repo	rt notification)	_	경우 표
For further information concerning this matter, plea	se call:		
Robert O. Sammons, Esq.	at (863	293-3801	20
Name of Contact Person		nd Daytime Telephone Number	<del>-</del>
Enclosed is a check for the following amount:			
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	⊔\$1,052.50 Fili and Certified		
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FI 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR

	LIMITED LIABILITY LIMITED PARTNERSHIP
	TO TRANSACT BUSINESS IN FLORIDA
1.	Bradshaw Venture, L.P.
	(Name of Limited Partnership or Limited Liability Limited Partnership, which must in
	and the state of the property of the state o

(Name of Limited Partnership or Limited Liability Lin Acceptable Limited Partnership suffixes: Limited Partnership, Lim Acceptable Limited Liability Limited Partnership suffixes: Limited	ited, L.P., LP, or Ltd.
II name unavailable, name under which the limited partnership or business in Florida; must Georgia	contain acceptable suffix.
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 58-2039895	
5. Name of Registered Agent for Service of Process and Florida Floyd, Sammons & Spanjers, P.A.	Street Address:
1556 6th Street SE	
Winter Haven FL 33880	202
6. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent.  by:  Signature of Re	I'my duties, and I am faviliar with and accept the obligations, of
	ailing Address:
	. O. Box 190087
Atlanta GA 30319	tlanta GA 31119
9. If limited partnership is a limited liability limited partnership 10. Name, principal office address, and mailing address of each Name of General Partner: Bradco, Inc. (registered to	general partner.
Street Address: 3642 Peachtree Road NE	Street Address:
Atlanta GA 30319  P.O. Box 190087  Atlanta GA 31119	Mailing Address:
Name of General Partner;	Name of General Partner:
	Street Address,
Mailing Address:	Mailing Address:

<sup>\*</sup> do business in Florida under the name Bradco of Georgia, Inc.

# Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's record  12. Attached is a certificate of existence duly authenticated, no	the date this document is filed by the Florida Department of State.) cable statutory filing requirements, this date will not be listed as the ls.  of more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under
the law of which it is organized.  Signed this 2 2	20 21
Frank B. Brack	re of a general partner dshaw, III, president

The individual signing this document affirms that the facts stated herein are free and the individual is aware that 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.

Filing Fees:

\$1,000,00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75

Page 2 of 2

Control Number: K307626

# STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### BRADSHAW VENTURE, L.P.

a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date is such a fit does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State. Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 20748652 Date Inc/Auth/Filed: 03/26/1993 Jurisdiction : Georgia : 04/01/2021 Print Date

Form Number : 211



Brad Rafforagesger

Brad Raffensperger Secretary of State