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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

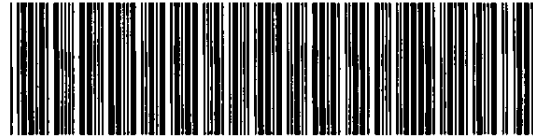
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

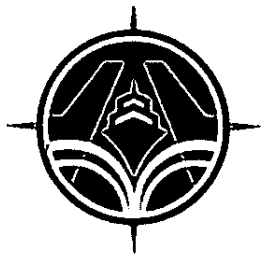


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JAN 20 2017
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17 JAN 19 PM 2:28



DRAWBRIDGE SERVICES

1901 E. Atlantic Blvd.
Pompano Beach, Florida 33060
Phone (954)788-0969 * Fax (954)943-3214

January 18, 2017

To Whom It May Concern:

Please find enclosed an "Application by Foreign Corporation to Transact Business in Florida" and payment to qualify Drawbridge Services, Inc. as a Foreign Corporation. The corporation was originally set up as a Florida Corporation, when in fact it is incorporated in the state of Virginia. Articles of Dissolution for the Florida Corporation were filed on January 17, 2017 and I have enclosed a copy.

I noticed this administrative error when I was filing our annual report and I do apologize. Please let me know of any penalties associated with this error, and I will pay them immediately.

Please contact me with any questions.

Cordially,

Ron Allen
Controller
954-788-0969
rallen@floridadrawbridges.com

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drawbridge Services, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Laura Porter

Name of Person
Drawbridge Services, Inc
Firm/Company
1901 E Atlantic Blvd
Address
Pompano Beach, FL 33060
City/State and Zip code
lporter@floridadrawbridges.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Laura Porter	954	788-0969
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Drawbridge Services, Inc

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia 3. 272607003
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 10, 2010 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. September 25, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1901 E. Atlantic Blvd, Pompano Beach, FL 33060
(Principal office address)

(Current mailing address, if different)

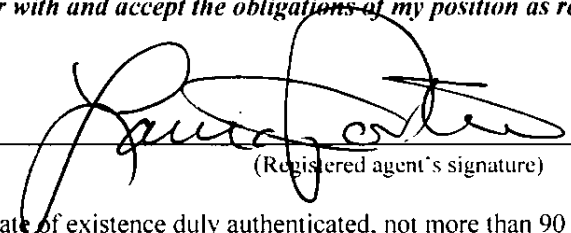
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Laura Porter

Office Address: 1901 E. Atlantic Blvd
Pompano Beach 33060
(City) Florida (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Laura Porter

Address: 1901 E. Atlantic Blvd

Pompano Beach, FL 33060

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Daniel Porter

Address: 1901 E. Atlantic Blvd, Pompano Beach, FL 33060

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Laura Porter, President

(Typed or printed name and capacity of person signing application)

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Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Drawbridge Services, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is May 10, 2010;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
January 17, 2017*

Joel H. Peck

Joel H. Peck, Clerk of the Commission

State of Florida

Department of State

I certify that the attached is a true and correct copy of the Articles of Dissolution, filed on January 17, 2017, dissolving DRAWBRIDGE SERVICES, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P15000079773.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Eighteenth day of January, 2017*

Ken DeFina

Secretary of State



State of Florida

Department of State

I certify from the records of this office that DRAWBRIDGE SERVICES, INC. was a corporation organized under the laws of the State of Florida, filed on September 25, 2015, effective September 25, 2015.

The document number of this corporation is P15000079773.

I further certify that said corporation was voluntarily dissolved on January 17, 2017.

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 JAN 19 PM 2:28

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Eighteenth day of January, 2017*

Ken DeFina

Secretary of State



Authentication ID: 100294414161-011817-P15000079773

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>