## F200000/340

(Requestor's Name)				
(Address)				
(24)				
(Address)				
(City/State/Zip/Phone #)				
(etg. etato/Lipit tione n)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

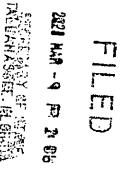
Office Use Only



700341512367

03/10/20--01015--010 \*\*70.00

RECEIVED MAR 0 9 2020



MAR 13 2001 T. LEMMEUX

## **COVER LETTER**

	Registration Secti Division of Corpo					
SUBJE	CT: BR	NAAMA3U.	MAN	AGEMENT (	ORPORATION	
		Name of co	orporation -	must include suffix	•	
Dear Sir	or Madam:					
"Certific	ate of Existence.		Good Stand	ing" and check are st	act Business in Florida," ibmitted to register the	
Please re	eturn all correspoi	ndence concerning t	his matter t	o the following:		
L	OLLIDAY	BRUEGM	ANIN			
			Name of P	erson		
l	BRUEGMAN	N MANAGE	EMENT	CORPORATIO	$\sim$	
	•	1	Firm/Comp	any		
	2255 (0.	NTRA COST	n Bu	VD. #305		
		- Hill Ci				
	1	Ci	ty/State an	d Zip code	_	
	HOLLIDAY	OBBLA.	NDLA	d Zip code  W. CoM  r future annual report		
		E-mail address: (to	be used to	r future annual report	t notification)	
For furth		ncerning this matte				
Hou	IDAY BRU	<b>EGMANN</b> at (	975	) 381-711 Daytime Tele	Σ	
	Name of Person	<b></b>	Area Code	Daytime Tele	phone Number	
		IER ADDRESS:			ADDRESS:	
Registration Section Division of Corporations			-	Registration Section Division of Corporations		
The Centre of Tallahassee			P.O. Box 63	P.O. Box 6327		
	2415 N. Monroe S Fallahassee, FL			Tallahassee,	FL 32314	
Enclosed	l is a check for th	following amount:	:			
	• •	o: FLORIDA DEPA			C 007 70	
<b>%</b> \$70.0	0 Filing Fee	☐ \$78.75 Filing Fe Certificate of \$t		\$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp; Certified Copy</li> </ul>	

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

If name unavail	ble in Florida, enter alternate corporate n	ame adopted for the	purpose of transacti	ng business in Florida)		
CALIFORNIA		_3. <b>68</b>	(FEI number, if applicable)			
	under the law of which it is incorporated	d)	(FEI number, if applicable)			
	17/2003	5				
(Pate	of incorporation)	(Date	(Date of duration, if other than perpetual)			
lum, and a		ailing address, if di	•			
and <u>stree</u>	address of Florida registered agent:	(P.O. Box <u>NOT</u> a	(cceptable)			
name and <u>stree</u> Name:	address of Florida registered agent:  REGISTERED AGENTS	INC.				
	REGISTERED AGENTS	INC.				
Name:	REGISTERED AGENTS	INC.		ALL MA		
Name:	^	INC.		ALEMAN -		

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			, 0
□Chairman	Name: WILLIAM BRUEGHANN		Name: HOLLIDAY BRUKGMANA
□Vice Chairman	Address: 2255 CONTRA GSTA BOVD.	□Vice Chairman	Address: 2755 CONTRA COSTA PSC
	SUITE 305	Director	SUITE 305
, <b>≯</b> President	PLEASANT HILL, CA 94523	□President	PLEASANT HILL, CA 94523
□Vice President		□Vice President	
□Sucretary	□Treasurer	Secretary	<b>X</b> Freasurer
[]Other		□Other	□Other
□ Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	<del></del>
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other		□Other	□Other
⊟Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	□ Secretary	Treasurer
Other		□Other	
12The officer or direction	Signature of Director of the information submitted in a document to the Department of the information submitted in a document to the Department of the information submitted in a document to the Department of th	nt of State Annual Re Officer  11 above) affirms th	eport form,  nat the facts stated herein are true and that he or
	(Typed or printed name and capacity of perso	RESIDENT n signing application	)

 $(x_{ij}, x_{ij}) = (x_{ij}, x_{ij}, x_{ij}) = (x_{ij}, x_{ij}, x_{ij}) = (x_{ij}, x_{ij}, x_{ij})$ 

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BRUEGMANN MANAGEMENT CORPORATION

FILE NUMBER: FORMATION DATE:

C2568161 12/17/2003

FORMATION DAY

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 22, 2020.

ALEX PADILLA Secretary of State