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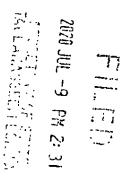
(Requestor's Name)				
(Address)				
(Address)				
. (Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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07/09/20--01919 000 **37.50



1/32/20

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: Bushwood Properties 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:
Jenniter Brenan
Name of Person
Jennifer Brenan Name of Person Bushward Properties Inc
Firm/Company
30203 Harris Dr.
Address Lecsburg, PL 34748 City/State and Zip code Jenniferal branamens. Com
City/State and Zip code
Jenniterabrandames. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vennifer Branam at (352) 430-5209 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \$70.00 \text{ Filing Fee} & \Boxed{\text{ \$\sigma} \$\$} \$\$87.50 \text{ Filing Fee}, \text{ \$\center{\center{c}} \$\$} \$\$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.

"Inc.," "Co.," "C	orp," "Inc," "Co." or "Corp.")		OMPANY," "CORPORATION		-
•			ed for the purpose of transacting		
(State or countr	y under the law of which it is in	corporated)	95-174142 (FEI number, if app	dicable)	
ļ	712/20	5			_
(Date	of incorporation)	5. (Date of duration, if other than perpetual)			
9018	(SEE SECTIONS 607.	.1501 & 607.1502, F	ida, if prior to registration) S., to determine penalty liability SNUILP, TN E eet address)	• •	30
. Name and <u>stree</u>	et address of Florida registere	Current mailing add		202	
Name:	James Bran				1
Office Address:	30203 Harris	s Dr.	_	₩ b	
	30203 Harris Lecsburg, Pl (City)		, Florida <u>34748</u> (Zip code)	PH 2: 0	1 1
laving been nam lesignated in this urther agree to c	application, I hereby accept	the appointment of all statutes relativ	process for the above stated as registered agent and agree e to the proper and complete as registered agent.	e to act in this capac	city. I
		4			

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

under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name: James Bronam	□Chairman	Name;
□Vice Chairman	Address: 20203 Harris Dr.	□Vice Chairman	Address:
□Director	Lorsburg, PL 34748	□Director	
President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	Other	□Other
□Chairman □Vice Chairman □Director	Name: Jennifer Bronom Address: 30203 Heuris Or. Locsburg, FL 34748	□Chairman □Vice Chairman □Director	Name:
□President		□President	
✓ Vice President	•	□Vice President	P 7
□Secretary	□Treasurer	□Secretary	Treasurer 3
□Other	□Other	□Other	
□ Director □ President □ Vice President □ Secretary □ Other Important Notice: individuals may be 12 The officer or directors	Use an attachment to report more than six (6). The attact added to the index when fiting your Florida Department Signature of Director or ctor signing this document (and who is listed in number	□ Director □ President □ Vice President □ Secretary □ Other hment will be image of State Annual Ref	☐Treasurer ☐Other d for reporting purposes only. Non-indexed eport form.
she is aware that fit s.817.155, F.S.	Alse information submitted in a document to the Department of the		
	4		



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Issuance Date: 07/06/2020

Filing Fee:

SONIA BECERRA

3 GREENWAY PLAZA SUITE 1320 HOUSTON, TX 77046

July 6, 2020

Request Type: Certificate of Existence/Authorization

Copies Requested:

Request #:

0371768

Document Receipt

Receipt #: 005646505

Payment-Credit Card - State Payment Center - CC #: 3785016825

Regarding:

Bushwood Properties Inc

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 07/02/2020

Status:

Active Perpetual

Duration Term: Business County: DAVIDSON COUNTY

Control #:

Date Formed: Formation Locale: TENNE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Bushwood Properties Inc

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 040477230