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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\text{Certificate of Status}\$

Division of Corporations				
SUBJECT: BRIDGE TECHNOLO	GIES AND SOLUTIONS			
Na	me of Limited Liability Company			
	bility Company for Authorization to Transact Business in Florida," Certifiabove referenced foreign limited liability company to transact business in I			
Please return all correspondence concerning this ma	atter to the following:			
SHIVA S SHARMA				
	Name of Person			
BRIDGE TECHNOLOGIES AND SOLUTIONS				
	Firm/Company			
PO BOX 367266				
	Address			
BONITA SPRINGS, FL 34136				
	City/State and Zip Code			
Shiva@Bridgetechsolutions.com E-mail address: (to be used for future annual report notification)				
·	•			
For further information concerning this matter, plea	ase call:			
Shiva S Sharma	at (208) 9069643			
Name of Person	Area Code & Daytime Telephone Number			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
Registration Section P.O. Box 6327	Registration Section			
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
(anamosou, 1 D D 2017	Tallahassee, FL 32301			

\$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

ť,



December 28, 2011

SHIVA S. SHARMA PO BOX 367266 BONITA SPRINGS, FL 34136

SUBJECT: BRIDGE TECHNOLOGIES AND SOLUTION LLC

Ref. Number: W11000064024

We have received your document for BRIDGE TECHNOLOGIES AND SOLUTION LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 711A00028720

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	BRIDGE TECHNOLOGIES AND SOLUTIONS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
B.	TS LLC	
(H	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany," "L.L.C," "LLC.")	
	IDAHO 3. 51-0677321	
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	28 Sep 2007 5. PERPETUAL	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	•
6.	NONE Zes z	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	eswaling
7.	776 E RIVERSIDE DR STE 200, EAGLE, ID 83616 6966	SAME AND ADDRESS OF THE PARTY O
	12411 JEWEL STONE LANE, FT. MYERS, FL 33913	m
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	NITHYA B SHARMA & SHIVA S SHARMA	
	PO BOX 367266 BONITA SPRINGS, FL 34136	
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rece e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida: INFORMATION TECHNOLOGY	
	SERVICES AND SOLUTIONS BUSINESS	
	» Brukya	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	

Typed or printed name of signee

NITHYA B SHARMA

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
BRIDGE TECHNOLOGIES AND SOLUTIONS LLC	
If unavailable, the alternate to be used in the state of Florida is: BTS LLC	
2. The name and the Florida street address of the registered agent and office are:	
NITHYA B SHARMA	SEC SEC
(Name)	
12411 JEWEL STONE LANE Florida Street Address (P.O. Box NOT ACCEPTABLE)	SSEE
ET MVEDS 32012	10: 2 FLO9

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

City/State/Zip

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Idah Office of the Secretary of State

CERTIFICATE OF EXISTENCE

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BRIDGE TECHNOLOGIES AND SOLUTIONS LLC

File Number W-67157

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State. I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed articles of organization in

I FURTHER CERTIFY That the limited liability company's articles of organization have not been dissolved.

Idaho on 9/28/2007.

Dated: 12/30/2011 10:51 AM

12/30/2011

Hen James SECRETARY OF STATE

Authentic Access Idaho Document (<u>http://www.accessidaho.org/public/portal/authenticate.html</u>) Tag: b5ae5f5ff8d740877de1fd35b7c8e910f34136bd1de61bcdc7cdf3a058ab7b4e213c60e260d85707

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