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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Fax Number

: (850)222-1092 : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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### Foreign Limited Liability Company BrownGreer PLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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C. LEWIS

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04/30/2015 15:44

COVER LETTER  TO: *Registration Section Division of Corporations  SUBJECT: BrownGreer PLC  Name of Limited Liability Company  The enclosed *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida  Please return all correspondence concerning this matter to the following:    Name of Person			•		
SUBJECT: BrownGreer PLC  Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.  Please return all correspondence concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  Area Code & Daytime Telephone Number  MAILING ADDRESS; Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:	: <b>~</b>	4.1	COVER LETTER	•	चंद्र अः
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Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at (	Please	return all correspondence c	concerning this matter to the following:		
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at ()  Name of Person Area Code & Daytime Telephone Number  MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:			Address	<del>V. 1000</del>	
The further information concerning this matter, please call:  at (		<b></b>	City/State and Zip Code	<b></b>	
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Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:		Division of Corporations	Division of Corporations Registration Section		
Enclosed is a check for the following amount:  \$\sum_{\text{\$125.00 Filing Pee}} \sum_{\text{\$130.00 Filing Fee}} \text{\$\sum_{\text{\$155.00 Filing Fee}} \text{\$\sum_{\text{\$00 Filing Fee}} \text{\$\sum_{\text{\$\sum_{\text{\$00 Filing Fee}}} \$\sum_{\text{\$\sim_{\text{\$\sum_{\text{\$\sum_{\sum_{\text{\$\sum_{\text{\$\sum_{\te		· ·	2661 Executive Center Circle		
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FL657 - 10-05/2010 C F System Online

## 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 BISINESS IN THE STATE OF FLORIDA:

	Brown Greer PLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC,")		
(lf	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the unsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili	written ity	
	ompany," "L.L.C," "LLC.")		
2.	Virginia 3, 35-2175122		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	June 24, 2002 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	N/A		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	•	
7.	115 S. 15th Street, Suite 500, Richmond, VA 23219-4209	=	
		APR	
	(Street Address of Principal Office)	30	
8.	If limited liability company is a manager-managed company, check here	O AM	LED
9.	The name and usual business addresses of the managing members or managers are as follows:	œ <u>़</u>	
	Orran L. Brown, 115 S. 15th Street, Suite 500, Richmond, VA 23219-4209	4	
	Lynn C. Greer, 115 S. 15th Street, Suite 500, Richmond, VA 23219-4209		
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under cath of the translation must be submitted.)	ords in	
11	. Nature of business or purposes to be conducted or promoted in Florida; Claims review and		
	administration.		
	Long Coll		
	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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Lynn C. Greer		
	Typed or printed name of signee		

PAGE 03/05

FL057 - I N03/2010 C T System Online

# 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.

If unavailable, the alternate to be used in the state of Fl  2. The name and the Florida street address of the register.		SEG
2. The name and the Florida street address of the regist	stered agent and office are:	
		HAR T
C T Corporation System		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(Name)		S14 P
1200 South Pine Island Road		EFFL FFL FFL
Florida Street Address (P.O. Bo:	× NOT ACCEPTABLE)	ORID OATE
Plantation PL	33324	<del>2</del> 7
City/State	e/Zip	•

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 abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System

By: Camie Bryan Assistant Secretary
(Signature)

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

FL057 - 10/05/2010 C T Vyclack (Halina

# Commontoealth & Uirginia



# State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That BrownGreer PLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 24, 2002; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date: March 5, 2012

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PAGE 05/05