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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (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 BRIDGER TRADING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	Registration Section Division of Corporation	ış		
SUBJEC	T: Bridger Trading, L	LC		
		Name of Limite	d Liability Company	
				ransact Business in Florida," Certificate of ty company to transact business in Florida
Picase re	turn all correspondence	concerning this matter to the	following:	
	Linda Stauffer			
		N	ame of Person	
	NRAI Corpora	e Services		
		F	irm/Company	
	1021 Main Stro	et, Suite 1150		
			Address	
	Houston, TX 7	7002		
		City/S	tate and Zip Code	
	corporatefilings	@bridgergroup.com		
		E-mail address; (to be use	d for future minual report notifi	ication)
For furth	er information concernir	g this matter, please call:		
	Linda Stauffer, NRAI	Corporate Services	at (800) 862-5	5438
	Name	of Contact Person	Area Code D	Daytime Telephone Number
	MAILING ADDRESS Division of Corporation	Divisio	ET ADDRESS: on of Corporations	•
	Registration Section P.O. Box 6327		ration Section Building	
	Tallahassee, FL 32314	2661 E	executive Center Circle assee, FL 32301	
Enclos	ed is a check for the	following amount:		
	■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 15510 Wright Brothers Drive Addison. TX 75001 (Street Address of Principal Office) [Street Address of Principal Office) (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: idger, LLC. 15510 Wright Brothers Drive, Addison, Texas 75001 (Street Address of Mailing Address)	offity Company," "L.L.C," or "LLC.")	acting business in Florida. The alternate name m	rust include "	Linked	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 15510 Wright Brothers Drive Addison, TX 75001 (Street Address of Principal Office) 15510 Wright Brothers Drive Addison, TX 75001 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Louisiana 3.				
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(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 15510 Wright Brothers Drive Addison. TX 75001 (Street Address of Principal Office) 15510 Wright Brothers Drive Addison, TX 75001 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: idger, LLC. 15510 Wright Brothers Drive, Addison, Texas 75001 (Mailing Address)	(Date live transpored business in Fla	cida il neior to muistralian.)			
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and be the control of		موانسو بالباء الله عدماء ٥٥ مورا	ijis (**) •∧ii [†] Ess •ba		ا ــ
	Attached is an original certificate of existence, no moving custody of records in the jurisdiction under the l	aw of which it is organized. (A phot	ocopy is t	100	
ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translato	ving custody of records in the jurisdiction under the l	aw of which it is organized. (A phot	ocopy is r	ranslat	lo
ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translato	ving custody of records in the jurisdiction under the l	aw of which it is organized. (A phot	ocopy is r	ransiai	ta
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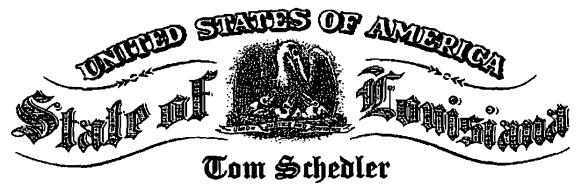
1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	te and the Florida street a	ddress of the registered agent and office	are:
	NRAI Services, Inc.		
		(Name)	
	1200 South Pine Island	Road	- <u> </u>
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	· ;
	Plantation	pr 33324	يَـــَــُ
		City/State/Zip	S. J. T.
lability con egistered a tatutes rela	npany at the place designa gent and agree to act in th uting to the proper and co	ent and to accept service of process for the need in this certificate, I hereby accept the his capacity. I further agree to comply with mplete performance of my duties, and I as as registered agent as provided for in Ch	e appointment as ith the provisions of all m familiar with and
	Ву:		•

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Scorotary of State of the State of Louisiana, I do hereby Certify that

BRIDGER TRADING, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on April 03, 2009,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

JVWLUULL Feorotary of State

February 3, 2014

Certificate ID: 10458073#TXM73

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Web 37014987K