Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000231480 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number

: (850)878-536B

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

Email Address:

### Foreign Limited Liability Company BRAEMAR FINANCIAL SERVICES, LLC

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

OCT - 3 2014

T CLINE

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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Braemar Financial Services, LLC	
Name of Umited Liability Company	<del></del>
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flori Existence, and check are submitted to register the above referenced foreign limited liability company to transact by	ida," Certificate of business in Florida
Please return \$11 correspondence concerning this matter to the following:	2014 OC
John O'Kane, Managing Member	
Name of Person	元 -
Bracmar Financial Services, LLC	T-2
Pirm/Company	
42 Sodgwick Village Lane	- S - S - S - S - S - S - S - S - S - S
Address	
Del - CTOCOCO	
Durien, CT 06820  City/State and Zip Code	
Thy total and all other	
johnakane@sbeglobal.net	
E-mail address: (to be used for faiture annual report notification)	
For further information concerning this matter, please call:	
John O'Kene at (203) 656-9697	<b></b> -
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Taltahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Taltahassee, FL 32301	
Enclosed ja's check for the following amount:	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee Certificate of Status Certified Copy 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:

Braemar Financial Services, LLC		
(Name of Foreign Limited Limited Limited Limited Limited Limited Limited Company," "L.L.C." or "LLC.	")	_
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mu	n include "l	imited
ability Company," "L.L.C," or "LLC.")		
Connecticut 3, 47-1040688	ည်တ	20
Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		20 4 001
not yet transacted	<b>=</b>	_ <del>`</del> -i
(Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)	255 7.25 7.25 7.25 7.25 7.25 7.25 7.25 7	2
42 Sedgwick Village Lane		
Darien, CT 06820	がない。	<b>A</b>
(Street Address of Principal Office)	<u> </u>	_2
42 Sedgwick Village Lane	. T-9-	<b></b> .
. The name, title or capacity and address of the person(s) who has/have authority to manage the O'Kane, Managing Member	15/are:	_
2 Sedgwick Village Lane	<del></del>	<del>-</del>
arien, CT 06820	<del></del>	_
Attached is an original certificate of existence, no more than 90 days old, duly authenticated rying custody of records in the jurisdiction under the law of which it is organized. (A photococceptable. If the certificate is in a foreign language, a translation of the certificate under oath ust be submitted)	opy is no	t 1
Ago for		
Signature of an authorized person secondaries with section 605.0203, F.S., the extention of this document constitutes on affirmation under the penalties of perjury that the aware that any falso information submitted in a document to the Department of State constitutes a third degree falony as provided for in	با استون جون	<u> </u>
John O'Kane, Managing Member Typed or printed name of signee		

# 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.

1. The name of	the Limited Liability	y Com <del>pa</del> ny is:		
Braemar Finencial	Services, LLC		72 21 72 21	
If unavailable, ti	he alternate to be use	ed in the state of Florida is:	2014 OCT -2 SIGNETAR TAILAHASS	
2. The name an	d the Florida street s	address of the registered agent and office are:	OF STATE	ÿ"
	C T Corporation System	n		
•	<del></del>	(Nams)	gar?;	
	1200 South Pinc Island	Road		
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	•	
	Plantation	FL 33324		
		City/State/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 obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

C Combination System

Jenifor Vincent

(Signature)

Vice President & Assistant Secretary

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

(5/5)

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

### BRAEMAR FINANCIAL SERVICES, LLC

a domestic limited liability company, were filed in this office on June 06, 2014.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: October 02, 2014

Business ID: 1145170

Express

Certificate Number: 2014282386001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov