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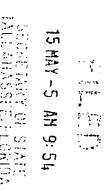
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. Shavers MAY 1 3 2015

COVER LETTER

TO:

Registration Section

Div	ision or Corporation	15		•		
SUBJECT:	BRIAN P. HENRY.	, LLC				
		Name of	Limited Liability	Company		
					ansact Business in Florida," Certificate of y company to transact business in Florida.	
Please return	all correspondence of	concerning this matter to the	following:			
	BRIAN P. HE	NRY				
		N	ame of Person			
	BRIAN P. HEN	NRY, LLC				
	Firm/Company					
	3314 H.F. LYONS RD.					
			Address		· · · · · · · · · · · · · · · · · · ·	
	HIAWASSEE,	GA 30546				
		City/S	tate and Zip Code	• •		
	BHENRYFLA@	AOL.COM				
	<u></u>	E-mail address: (to be used	i for future annual	report not	ification)	
For further in	nformation concerning	g this matter, please call:				
BR	IAN P. HENRY		706 at (970-70	015	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314	to the trace	* ** + 1041	Registrat Clitton B 2661 Exe	ADDRESS: of Corporations ion Section uilding coutive Center Circle see, FL 32301	
	s check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$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:

iability Company," "L.L.C,"	ternate name adopted for the purpose of transact	ing business in Florida. The alternate na	me must include "Limited
GEORGIA	3. N/A	1	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	2)
•	(Date first transacted business in Florida	a, if prior to registration.)	_
3314 H.F. LYONS RI	(See sections 605.0904 & 605.0905, F.S. t D.	o determine penalty habitaty)	_
HIAWASSEE, GA 30			
3314 H.F. LYONS RD	(Street Address of Principal Off	fice)	
·		······································	- -
HIAWASSEE, GA 30	546 (Mailing Address)		
Name and street addres	s of Florida registered agent: (P.O. Box N	OT accentable)	
Name:	DALE A. GNATEK	<u>O1</u> acceptable)	
Office Address:	12487 BRANTLEY COMMONS CT.		
	FORT MYERS	, Florida 33907	
	(City)	,	
		(Zip code) cess for the above stated corporatio.	n at the place designated i
Taving been named as re his application, I hereby with the provisions of all s he obligations of my posi B. The name, title or capa	tance: gistered agent and to accept service of proc accept the appointment as registered agent statutes relative to the proper and complete	cess for the above stated corporation and agree to act in this capacity. It performance of my duties, and I are signature.	further agree to comply
his application, I hereby with the provisions of all s he obligations of my posi	tance: gistered agent and to accept service of proc accept the appointment as registered agent statutes relative to the proper and complete tion as registered agent. (Registered agent's	cess for the above stated corporation and agree to act in this capacity. It performance of my duties, and I are signature.	further agree to comply m familiar with and accep
Having been named as rephis application, I hereby with the provisions of all she obligations of my positive or capability. The name, title or capability is the control of the capability of the capability is the capability.	tance: gistered agent and to accept service of proc accept the appointment as registered agent statutes relative to the proper and complete tion as registered agent. (Registered agent's	cess for the above stated corporation that agree to act in this capacity. It is performance of my duties, and I are signature. ave authority to manage is/are:	further agree to comply m familiar with and accept to the familiar with and accept to the familiar with a second to the second

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

BRIAN P. HENRY





Brian P. Henry LLC Control Number: 15041445

Main Reports Officers Filing History **Entity Info Entity Id** 4980016 **Key Indicators Model Type** Limited Liability Company Locale Domestic Qualifier None **Business Name** Brian P. Henry LLC Registration Date 4/15/2015 **Entity Status** Active/Compliance 4/15/2015 **Entity Status Date** Foreign Name **Date of Organization** State Country Principal Office Address PRINCIPAL Line1 3314 H.F. Lyons Rd. Line2 City 30546 State Georgia Zip Agent Is non-commercial Registered Agent? Name Brian P. Henry Ċ Address 3314 HF LYONS RD Line1 Line2 City HIAWASSEE State Georgia Zip 30546 Emall bhenryfla@aol.com Previous Names Name Changed file Name Changed To Surviving Entity Id Cancelled Entity Id Effective Date Due Date Actions From Number No Miscellaneous Filings were found.

·· ·· 15 🗸

Control No.: 15041445

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Brian P. Henry LLC a Domestic Limited Liability Company

is hereby issued a CERTIFICATE OF ORGANIZATION under the laws of the State of Georgia on April 15, 2015 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on April 24, 2015



Brian P. Kentp

Tracking #: SYwkNMxa