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(Re	equestor's Name)	·· ·· · · · · · · · · · · · · · · · ·				
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COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	BROGHAMER CONSULTIN	NG LLC					
SUBJEC		Name of	Limited Liability (Company			
					ansact Business in Florida," Certificate of y company to transact business in Florida		
Please re	ırn all correspondence concerning	this matter to the	following:				
	KEVIN BROGHAMER						
		Ni	ame of Person		···		
	BROGHAMER CONSULTING LLC						
		Fi	rm/Company				
	502 MONROE STREET						
			Address	-			
	NEWPORT, KY 41071						
		City/Si	tate and Zip Code				
	E-mail a	ddress: (to be used	for future annual	report not	ification)		
For furth	information concerning this matt	er, please call:					
KEVIN BROGHAMER			859 at (261-10	04		
	Name of Contact	Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Legistration Section LO. Box 6327 Callahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
		nt: 00 Filing Fee & ate of Status	□ \$155.00 Filir Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2015

KEVIN BROGHAMER 502 MONROE STREET NEWPORT, KY 41071 US

SUBJECT: BROGHAMER CONSULTING LLC

Ref. Number: W15000052477

We have received your document for BROGHAMER CONSULTING LLC and your check(s) totaling \$125.00. 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 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 915A00016381

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:

I. BROGHAMER CONS				
(Name of Fore	eign Limited Liability Company; mu	st include "Limited Liab	ility Company," "L.L.C.," or "	'LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpos "or "LLC.")	e of transacting business	s in Florida. The alternate name	e must include "Limited
2. KENTUCKY		3.		
	of which foreign limited liability		(FEI number, if applicable)	
4. JUNE 1, 2015				
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior to .0905, F.S. to determine	registration.) penalty liability)	•
5. <u>C/O BROGHAMER O</u>	CONSULTING LLC 502 MONR	OE STREET NEWPO	ORT, KY 41071	
	(0,	b: Lom		-
C/O DDOCHAMED C	(Street Address of	•	DT 1/1/1071	
6. C/O BROGHAMER C	ONSULTING LLC 502 MONRO	JE STREET NEWPO	KI, KY 410/1	•
	(Mailing	Address)		-
7 Name and street address	ss of Florida registered agent: (P.		shla)	
7. Name and <u>street addres</u>	<u>ss</u> of Florida registered agent. (F. Kevin Broghamer	.0. 100x <u>NOT</u> accepta	ioloj	्रिक्
Name:	KEVIN BROGHAMER			
Office Address:	300 S BISCAYNE BLVD #3208			200
	MIAMI		, Florida <u>33131</u>	
Registered agent's accep	(City)		(Zip code)	
Having been named as re this application, I hereby	gistered agent and to accept serv acce pt the appointment as regist statutes relative to the proper an	tered agent and agree	to act in this capacity. I fi	urther agree to comply
	(Regist	tered agent's signature)		
8. The name, title or capa KEVIN BROGHAMER,	acity and address of the person(s) MEMBER	who has/have authori	ty to manage is/are:	
C/O BROGHAMER CON	NSULTING LLC 502 MONROE	STREET NEWPORT	Γ, KY 41071	
	of existence, no more than 90 da of which it is organized. (If the co abmitted)			
	Signature	of an authorized person		

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

KEVIN BROGHAMER

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 166726

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

BROGHAMER CONSULTING LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 22, 2009 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of August, 2015, in the 224th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

166726/0730458