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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOSTER-BRIMM CONSULTING, LLC
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:

JENNIFER F. BRIMM
Name of Person

FOSTER-BRIMM CONSULTING, LLC
Firm/Company

2218 MARKET STREET
Address

PASCAGOULA, MS 39567
City/State and Zip Code

awalker@fooster-brimm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL WALKER
Name of Contact Person

at (228)
Area Code

202-1457
Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2015

JENNIFER F BRIMM
2218 MARKET STREET
PASCAGOULA, MS 3956

SUBJECT: FOSTER-BRIMM CONSULTING, LLC
Ref. Number: W15000078679

We have received your document for FOSTER-BRIMM CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 915A00025526

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:

1. FOSTER - BRIMM CONSULTING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MS 3. 48-1276780
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/16/15
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2218 MARKET ST
PASCAGOULA, MS 39567
(Street Address of Principal Office)

6. 2218 MARKET ST.
PASCAGOULA, MS 39567
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCorp SERVICES, INC.
Office Address: 1788B 67TH COURT NORTH
LOXAHATCHEE, Florida 33470
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jackie DeFilippis
(Registered agent's signature)

Jackie DeFilippis on behalf of InCorp Services, Inc.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jennifer F. Brimm Manager
912 WESTWOOD ST
PASCAGOULA, MS 39567

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Jennifer F. Brimm
(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.

Jennifer F. Brimm
(Typed or printed name of signee)

FILED
2015 DEC 15 AM 9:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

FOSTER-BRIMM CONSULTING, LLC

Registered the 30th day of September, 2002

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

912 WESTWOOD STREET
PASCAGOULA, MS 39567

And that the registered agent at that address is:

JENNIFER FOSTER BRIMM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 30th day of November, 2015

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN15017262

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>