Page 1 of 2

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:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number: 119980000090 Phone

: (407)839-4200

Fax Number

: (407)839-4264

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

Foreign Limited Liability Company Parrish, Brumfield & Associates LLC

<u>, </u>	
Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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Registration Section

TO:

2/004

Fax Server

COVER LETTER

Div	ision of Corporation	18					
SUBJECT:	Parrish, Brumfield &						
		Name of Limited Liability Company					
The enclosed Existence, an	d "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizati need foreign limite	ion to Tra d liability	nsact Business in Florida," company to transact busin	Certificate of ness in Plorida	
Please return	all correspondence of	concerning this matter to the	following:				
	Gilbert E. Parri	sh					
	Name of Person						
		•					
	Firm/Company						
	2401 S. Atlantic Avenue, Unit C103						
	Address						
	New Smyrna Beach, Florida 32169						
	City/State and Zip Code						
	gparrish@partisl						
		E-mail address: (to be used	for future annual	report not	ilication)	•	
For further i	nformation concernin	g this matter, please call:		•			
GI	lbert E. Parrish		404 at (580-22		_	
	Name o	of Contact Person	Area Code	Day	time 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					
	a check for the follow \$125.00 Filing Fec	ing amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co		

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

IN COMPLIANCE WITH SEC COMPANYTO TRANSACT B	TION 605.0902, FLORIDA STATUTES, THE FO UNINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTER	A FOREIGN LIMITED LIABILITY
Patrish, Brumfield & /	Associates LLC		
(Name of For	eign Limited Liability Company; must includ	e "Ulmited Liability Company," "L.C.,"	or "LLC.")
(If name unavailable, enter a	Hernate name adopted for the purpose of trans	sacting insiness in Florida. The alternate n	name must include "Limited
5 Georgia	3		
company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
4. upon filing	Date first transported burgings in M.	cida Pertos to medicantes.	_
5. 2401 S. Atlantic Aven	(Date first transacted business in Pla (See sections 605.0904 & 605.0905, P. ue, Unit C103	S. to determine penalty liability)	
New Smyrna Beach, F	Lorida 32160		
	(Street Address of Principal	Office)	- 25 16
6. 2401 S. Atlantic Avenu	le, Unit C103		- SR A
New Smyrna Beach, F	lorida 32169		2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Gilbert E. Parrish		
	2401 S. Atlantic Avenue, Unit C103	ORICE SE	
Office Address:	New Smyrna Bench		>
	(City)	, Florida 32169 (Zip code)	
designated in this applica to complywith the provisi accept the obligations of t	gistered agent and to accept service of pation, I hereby accept the appointment arons of all statutes relative to the proper my position in registered agent. (Registered agent acity and address of the person(s) who ha	r registered agent and agree to act in t and complete performance of my duti of's signame)	this capacity. I further agree
Gilbert E. Parrish, Manag		Synave authority to manage istanc:	
2401 S. Atlantic Avenue,	·		
New Smyma Beach, Flor	ida 32169		
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certificate	c is in a foreign language, a translation	
This document is executer submitted in a document to	in accordance with section 605,0203 (1) the Department of State constitutes a thi	(b), Florida Statutes. I am aware that a	my false information
	Gilbert E. Parrish		-,

Typed or printed name of signee

Control Number: 11069281

STATE OF GEORGIA

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

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PARRISH, BRUMFIELD & ASSOCIATES LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: Georgia : 02/08/2016 : 211



B: P. Kemp Secretary of State