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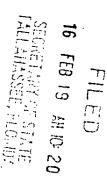
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: # Annie gave Dennisso- to corcect # 8- Chs. Man + add titl.

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2016

VERCO
VEROC MANAGEMENT LLC
18851 NE 29TH AVE
STE 402
AVENTURA, FL 33180

SUBJECT: BRUDER MIAMI LLC Ref. Number: W16000000162

We have received your document for BRUDER MIAMI 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 designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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), AuthorizedPerson (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: 816A00000071

COVER LETTER

	tration Section on of Corporations
SUBJECT: _	Bruden, UC
Sebuser	Name of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter to the following:
	Name of Person
	Venco Management, UC
	18851 NE 29th NE Ste 402
	Aventura, Fl 33180
	City/State and Zip Code in a master miami, com B-mail address; (to be used for future annual report notification)
For further into	ormation concerning this matter, please call:
K	Name of Contact Person at (305) 932-0/22 Area Code Daytime Telephone Number
Divisi Regis P.O. I	ING ADDRESS: on of Corporations tration Section Box 6327 Box 6327 Box 6327 Box 6327 Box 6327 Box 63214 Box
Enclosed is a c	heck for the following amount: 25.00 Filing Fee

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. (Name of Eoreign 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. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine peralty liability) 5. 18851-NE 29 th Ave, Ste 402
Aventuna, FC 33/80 (Street Address of Principal Office)
(Mailing Address)
7. Name and street address of Florida registered agent: (R.O. Box NOT acceptable) Name:
Office Address: 1885/ WE 29th Ave, Ste 402 Newhord , Florida 33180
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 complywith 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. Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Verco Margener, LLC — MGR 18851 NE 29th Ave, Ste 402
AVENNA, FL 33180
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) 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. Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRUDER, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRUDER, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

16 FEB 19 AN ID 20
SECKETARY OF STATE
TALL AN ASSET TO CARE.

Authentication: 10696416

Date: 12-29-15

5672576 8300 SR# 20151559740