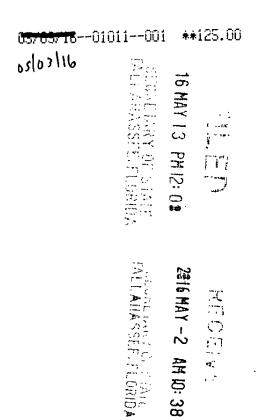
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| Certified Copies        | Certificates                            | of Status |
|                         |   |           |
| Constitution            | Tiling Officer                          |           |
| Special Instructions to | Filing Officer:                         |           |
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MAY 16 2016 J SHIVERS





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2016

MAURICE MALLETTE 826 E RAILROAD ST LONG BEACH, MS 39560

SUBJECT: BROOME CONTROL SERVICES, LLC

Ref. Number: W16000033023

We have received your document for BROOME CONTROL SERVICES, 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):

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 the corrected original and one copy of 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.

Letter Number: 716A00009411

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |
|--|--|--|--|
| SUBJECT: Broome Control Services, 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:  |  |  |  |
| Maurice B. Mallette Name of Person   |  |  |  |
| Mallette Accountants LLC   |  |  |  |
| 826 E. Railroad St.  |  |  |  |
| Long Beach, MS 39560  City/State and Zip Code  |  |  |  |
|  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| Maurice Mallette at (228) 863-8366  Name of Contact Person Area Code 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:  State of Status  State of Status  Enclosed is a check for the following amount:  State of Status  State of Stat |  |  |  |

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

| 1. Services 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. Mississippi 3. 47-1759 628  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |
| (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5   |
| Long Beach, MS 39560   |
| 6. Street Address of Principal Office)  A 17 Clower Avenue   |
| Long Beach, MS 39560   |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  |
| Name: Webster D. Jermun  |
| Office Address: 3077 Red Fern Rd.  |
| Cantonment, Florida 32533  |
| 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 agnature)   |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Darrell Broome, Member   |
| 217 Clower Ave.  |
| Long Beach, MS 39560   |
| 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 Document of State constitutes a third document to the Document of State constitutes a third document to the Document of State constitutes a third document to the Document of State constitutes a third document to the Document to the Document of State constitutes a third document to the Document to the Document of State constitutes a third document to the Document to the Document of State constitutes a third document to the Doc |

Typed or printed name of signee



#### 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:

#### **BROOME CONTROL SERVICES, LLC**

Registered the 2nd day of September, 2014

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:

826 E. Railroad St. Long Beach, MS 39560

And that the registered agent at that address is:

Milburn R Mallette

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 21st day of April, 2016

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16022601

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx