

M16000005816
Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000152416 3)))



H160001524163A8C-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : AKERMAN LLP - ORLANDO
Account Number : 076656002425
Phone : (407) 423-4000
Fax Number : (407) 843-6610

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

Email Address: gjm@mcm-law.com

Foreign Limited Liability Company
Brentwood Financial, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$763.75

JUL 21 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 20 PM 9:37

2016 JUL 20 AM 10:48

TALLAHASSEE, FLORIDA

N16000152416 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Brentwood Financial, 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. Delaware 3. 35-2439123
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 24, 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5036 Dr. Phillips Blvd., #314
Orlando, FL 32819
(Street Address of Principal Office)

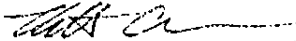
6. 5036 Dr. Phillips Blvd., #314
Orlando, FL 32819
(Mailing Address)

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

Name: Brittany S. Abbass
Office Address: 5036 Dr. Phillips Blvd., #314
Orlando, Florida 32819
(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.

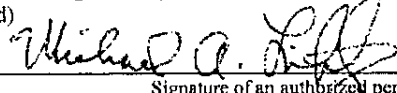


(Registered agent's signature)

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

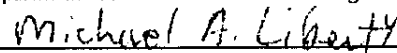
<u>Michael A. Liberty - Manager</u>	<u>Brittany S. Abbass - Manager</u>
<u>5036 Dr. Phillips Blvd., #314</u>	<u>5036 Dr. Phillips Blvd., #314</u>
<u>Orlando, FL 32819</u>	<u>Orlando, FL 32819</u>

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 signer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 20 PM 9:37

N16000152416 3

2016/07/20 09:37:21 7 /7

1416000152416 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRENTWOOD FINANCIAL, 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 SIXTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRENTWOOD FINANCIAL, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2015.

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

16 JUL 20 PM 9:37


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5791635 8300

SR# 20164494017

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202503478

Date: 06-16-16

1416000152416 3

2016/07/20 09:37:21 3 /7

Attn: Yasemin

7/20/16

As we discussed this morning, Attached is the corrected filing for Buntwood Financial, LLC. Please contact me at

407-237-8766

if you have any questions or require additional information.

Thank you

Brenda Knott
AKerman LLP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL 20 PM 9:38

2016 JUL 20 AM 10:49

FILED
TALLAHASSEE, FLORIDA

2016/07/20 09:37:21 4 /7

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
June 23, 2016 11:09:30 AM EDT	850-617-6381	31	1	Received
850-617-6381	8/23/2016 11:11:17 AM	PAGE 1/001	Fax Server	

June 23, 2016

AKERMAN LLP

SUBJECT: BRENTWOOD FINANCIAL LLC
REF: W16000044865



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Please see
attached corrected
filing to include
the title of
auth. person*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

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.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000152416
Letter Number: 316A00013211

16 JUL 20 PM 9:38

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 20 AM 10:48

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314