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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA800000023 Phone : (614)280-3338 : (954)208-0845

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

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Foreign Limited Liability Company **Bartragh Services LLC**

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JAN 24 2017

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

Bartragh Services LLC		
	Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Lie Existence, and check are submitted to register the	bility Company for Authorization to Transact Business in Florida," Cerabove referenced foreign limited liability company to transact business is	tifica in Flo
Please return all correspondence concerning this n	atter to the following:	
Elizabeth Griebe		
	Name of Person	
Bartragh Services LLC	•	
	Pirn/Company	
20625 Amberfield Dr		
***************************************	Address	=
Land O'Lakes, Florida 34638		T JAN 23 PH C. S.
The second secon	City/State and Zip Code	23
bgriebe@bartragh.com		۲n
E-mail address	(to be used for future annual report notification)	i
For further information concerning this matter, plo	ase call:	(
Christian G. Schultheiss	914 \$39-7232 at ()	
Name of Contact Person		
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: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		cate

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

Barragh Services LLC Name of Feering Limited Liability Company; must include "Limited Liability Company," "L. C.," or "LLC.")	IN COMPLIANCE WITH SEC COMPANYTO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, T ISINESS INTHE STATE OF FLORIDA:	HE FOLLOWING IS	SUBMITTED TO REGISTER A FORM	'GN LIMITED LIABILITY
[H memo unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name insatt include "Limited Liability Company," "L.I.C." or "L.C.") 2 Delaware 4.		•			
Delaware Ontaclations under the law of which foreign limited liability (PEI number, if applicable) (See sections 603.0904 & 663.0905, F.S. to determine penalty liability) 20625 Amberfield Dr Lend O'Lakes, Fl 34638 (Sircel Address of Principal Office) 20625 Amberfield Dr Land O'Lakes, Fl 34638 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: O'The City City City City 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 accept the speciative to the proper and complete performence of my duties, and I am familiar with and accept the obligations of my position as registered agent. (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. Librariar agree to complying the provisions of all statutures relative to the proper and complete performence 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: Douglas L. Brennan - Owner . Manager Roy C Waggoner - CBO , Manager 20623 Amberfield Dr, Land O'Lakes, Fl 34638 9. Attached is a certificate of existence, no more then 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 person Significe of an authorized person This document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Douglas L. Brennan	(Name of For	oign Limited Liability Company; must i	nolude "Limited Lie	bility Company," "L.L.C.," or "LLC.	")
Company is organized	(If name unavailable, enter at Liability Company," "L.I.C.	ternate name adopted for the purpose o	f transacting busines	s in Plorida. The alternate name mus	t include "Limited
4. (Date first transacted business in Florids, if prior to registration) (See sections 695,0904 & 602,0905, F.S. to determine penalty liability) Land O'Lakes, F1 34638 (Sircei Address of Principal Office) Land O'Lakes, F1 34638 (Mailing Address) Name: CT Corporation System Office Address: 1209 South Pine Island Road Plantation Plantation Plantation Plantation Plantation (City) 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. Hereby accept the appointment as registered agent and agree to act in this capacity. I fractive are complywish the provisions of all statutes relative in the proper and complete performance of any duties, and I am familiar with and accept the obligations of any position as registered agent. By: Mailing Address of the provisions of all statutes relative to the proper and complete performance of any duties, and I am familiar with and accept the obligations of any position as registered agent. By: Mailing Address of the person(s) who has/have authority to manage is/are: Douglas L. Brennan - Owner - Manager Roy C Waggoner - CBO , Manager 20625 Amberfield Dr, Land O'Lakes, Fl 34638 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisduction under the law of which it is organized. (If the certificate with a foreign language, a translation of the certificate under oath of the translator must be submitted) This document is executed in accordance with section of 50203 (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.			3. 81-3670371		
Land O'Lakes, Fl 34638 (Street Address of Frincipal Office) Land O'Lakes, Fl 34638 (Maihisg Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1203 South Pine Island Road	(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable)	
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CT Corporation System Office Address: 1209 South Pine Island Road City C	Land O'Lakes, Fl 3463	8		MISSING THE	
Land O'Lakes, Fl 34638 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (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 complywith the provisions of all stanters 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. By: Corporation System By: Michael Scraphin Asst. Secretary (Registered agent's signature) 8. The name, fitle or capacity and address of the person(s) who has/have authority to manage is/are: Douglas L. Brennan - Owner . Manager 20625 Amberfield Dr., Land O'Lakes, Fl 34638 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 eath of the translator must be submitted) Signific of an authorized person This document is executed in accordance with section of 5.0203 (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. Douglas L. Brennan	20625 Amberfield Dr	(Street Address of Prin	ncipal Office)		
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Office Address: District 1200 South Pine Island Road Plantation Florida 33324 (Zip code)			dress)		
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			and name of siones		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BARTRAGH SERVICES 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 TWENTIETH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SEURE JARY OF STATE INCLATIASSEE, FLORIDA

6130292 8300

SR# 20170361941

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

Authentication: 201906935

Date: 01-20-17