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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2016

HERBERT E DEUSCHEL KLASFELD & COMPANY PL 817 UNIVERSITY DR, STE. 100 PLANTATION, FL 33324

SUBJECT: BRIDGESOURCE SOLUTIONS LLC

Ref. Number: W16000061323

We have received your document for BRIDGESOURCE SOLUTIONS LLC and your check(s) totaling \$130.00. 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 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: 916A00018868

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	BRIDGESOURCE SOLUTIONS LLC			
	Name of Limited Liability Company			
The end Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please	eturn all correspondence concerning this matter to the following:			
	HERBERT E DEUSCHEL			
	Name of Person			
	KLASFELD & COMPANY PL			
Firm/Company				
	817 S UNIVERSITY DRIVE, SUITE 100			
Address				
	PLANTATION, FL 33324			
	City/State and Zip Code			
	HDEUSCHEL@KCOCPA.CO			
	E-mail address: (to be used for future annual report notification)			
For furt	ner information concerning this matter, please call:			
	HERBERT E DEUSCHEL 954 476-6700 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclose	is a check for the following amount: \$\Boxed{\text{\tint{\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\tex{\tex			

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

IN COMPIJANCE 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. BRIDGESOURCE SOI (Name of Fore	eign Limited Liability Company; mu	ıst include "Limited Lia	bility Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter al	ternate name adopted for the purpos	se of transacting busines	ss in Florida. The alternate n	name must include "Limited
Liability Company," "L.L.C,"				
2. DELAWARE		3. 45-5369290		
(Jurisdiction under the law- company is organized)	of which foreign limited liability		(FEI number, if applicab	ole)
4				
	(Date first transacted busine (Sec sections 605.0904 & 605	ess in Florida, if prior to 5.0905, F.S. to determin	o registration.) e penalty liability)	
5. 1063 HILLSBORO MI	ILE UNIT 708			
HILLSBORO BEACH				🥦
	(Street Address of	Principal Office)		一選手一
6. 817 S UNIVESITY DR	AVE SUITE 100	_		一部第一
PLANTATION, FL 33	324			30
	(Mailing	Address)		
7. Name and street addres	s of Florida registered agent: (P	O. Box NOT accept	table)	75 7
Name:	HERBERT E DEUSCHEL		_	MIJAN 30 PH 2: 10 MIJAN 30 PH 2: 10 MILLAND SSEE, FLORIDA MILLAND
Office Address:	817 S UNIVERSITY DRIVE,	SUITE 100		" arm May =
	PLANTATION			
Registered agent's accept	(City)		(Zip code)	·
designated in this applicate to complywith the provision to the complywith the provision to the comply with the provision to the comply with the provision to the complex t	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent (Regi	itment as registered a	gent and agree to act in e performance of my dut	this capacity. I further agre
•	acity and address of the person(s)	•	•	
<u> </u>	GING MEMBER, 1063 HILLS	BORO MILE, UNIT	708	
HILLSBORO BEACH, F	L 3.3062			
	Val C	certificate is in a forei	gn language, a translation	
	Signature	e of an authorized perso	fl	
	I in accordance with section 605. the Department of State constitu			

Typed or printed name of signee

PAUL CAPUTO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BRIDGESOURCE SOLUTIONS 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 THIRTIETH DAY OF JANUARY, A.D. 2017.

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





Authentication: 201953586

Date: 01-30-17