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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

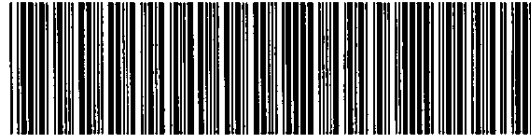
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAR 29 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAR 30 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2017

RAWLVAN BENNETT  
8249 PARKLINE BLVD, SUITE 400  
ORLANDO, FL 32809

SUBJECT: THE BRONZE KINGDOM LLC  
Ref. Number: W17000021179

We have received your document for THE BRONZE KINGDOM LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 517A00004782

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: The Bronze Kingdom 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:

Rawlvan Bennett  
Name of Person  
The Bronze Kingdom  
Firm/Company  
8249 Parkline Blvd, Suite 400  
Address  
Orlando, FL 32809  
City/State and Zip Code  
docterb@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rawlvan Bennett at (703) 944-5209  
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:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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MAR 29 PM 3:37  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

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:

THE Bronze Kingdom LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

BRONZE Kingdom

(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. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. \_\_\_\_\_

8249 Parkline Blvd, Suite 400

(Street Address of Principal Office)

6. \_\_\_\_\_

Orlando, FL 32809

Same as above

(Mailing Address)

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

Name: \_\_\_\_\_

RAWIVAN BENNETT

Office Address: \_\_\_\_\_

4800 BASS POINT Rd

Orlando

(City)

, Florida

32820

(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.

RAWIVAN BENNETT

(Registered agent's signature)

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

RAWIVAN BENNETT - CEO - 4800 BASS POINT Rd, Orlando, FL  
32820

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)

RAWIVAN BENNETT

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.

RAWIVAN BENNETT

Typed or printed name of signee

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MAR 29 PM 3:37  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF WYOMING**  
**Office of the Secretary of State**

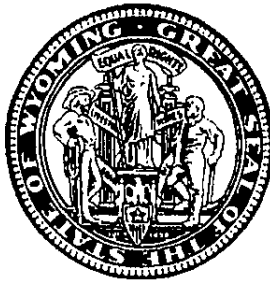
I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

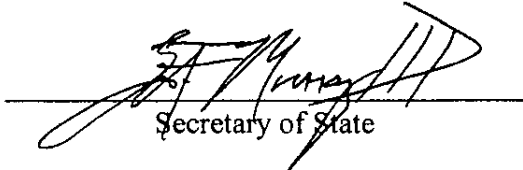
**The Bronze Kingdom LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 14, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000735743**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of March, 2017 at 11:51 AM. This certificate is assigned 022389332.



  
Secretary of State

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TALLAHASSEE, FLORIDA