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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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DEPARTMENT OF SIV







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: May 5, 2017	Account#: I2000000088
Name: Marisa Kugelmann	-
Reference #: D301364	
Entity Name: BRIDGE	FORCE LLC
✓ Articles of Incorporation/Authori.	zation to Transact Business
Amendment	
Change of Agent	* Please file
Reinstatement	* Please file SECON D*
Conversion	
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
☐ Other	

Authorized Amount: \$125.00

Signature: VV







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Date: May 5, 2017	Account#; 120000000088
Name: Marisa Kugelmann	
Reference #:	
Entity Name: BRIDGEFORCE LLC	
✓ Articles of Incorporation/Authorization to Transact But	usiness
Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount:Signature:	

COVER LETTER

TO:	Registration S Division of Co		ıs				
SURJ	ECT:		Bridg	jeforce LLC			
		Name of	Limited Liability C	ompany	 		
The en	nclosed "Applicati ence, and check are	ion by For e submitte	eign Limited Liability Comp d to register the above refer	pany for Authorizatenced foreign limit	ion to Tra ed liability	insact Business in Florida," Certificate y company to transact business in Flori	of da
Please	e return all corresp	ondence o	oncerning this matter to the	following:			
			Ма	tthew Williams			
			N	ame of Person		·	
			Rri	idaeforce I I C			
	Bridgeforce LLC Firm/Company						
101 Ponds Edge Drive, Suite 300 Address							
				ls Ford, PA 19317			
			City/S	tate and Zip Code			
				n@bridgeforce.co			
			E-mail address: (to be use	d for future annual	report not	ification)	
For fu	irther information	concernin	g this matter, please call:				
		June	Thompson	at (302)	345-7080	
		Name	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations				
	Registration Se P.O. Box 6327	Registration Section P.O. Box 6327 Registration Section Clifton Building					
	Tallahassee, F				2661 Exe	ecutive Center Circle see, FL 32301	
Enclo	sed is a check for □ \$125.00 Fil		ing amount: \$\Pi\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1(Name of Foreign	B gn Limited Liability Company; m	ridgeforce LLC	iability Compan	v." "L.L.C" or	"LLC.")		<u>.</u>
(Name of Fine)	gir billined blacking company, in			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,		
(If name unavailable, enter alto Liability Company," "L.L.C."	ernate name adopted for the purpoor "LLC,")	ose of transacting busin	ness in Florida, T	he alternate nat	me must incl	lude "Li	mited
n Dela	aware	3		-2259755			
(Jurisdiction under the law o company is organized)	f which foreign limited liability	-/-	(FEI numb	er, if applicable)		_
	8/20/20	012					
н. <u></u>	(Date first transacted busin (See sections 605,0904 & 60	ness in Florida, if prior 05,0905, F.S. to determ	to registration.) ine penalty liabil	ity)	_		
_							
1	01 Ponds Edge Drive, Suite 30	00, Chadds Ford, PA	19317				
	(Street Address o	(Principal Office)					
6					_ <u> </u>	17	
1	101 Ponds Edge Drive, Suite 30	00, Chadds Ford, PA	19317			3	
4,8		g Address)			- 次화	~<	, ,
7. Name and street address	of Florida registered agent: (P.O. Box <u>NOT</u> acce	eptable)		SG SG	Ċ	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name:	COGENCY GLOB	AL INC.	<u></u>				FARTA
Office Address:	115 North Calhoun	Street, Suite 4	···		Jistor Ives	7:4:	Same
	Tallahas	see	Florida	32301	27	7	
•	(City)			(Zip code)			
designated in this applicati to complywith the provisio	istered agent and to accept so ion, I hereby accept the appoi ns of all statutes relative to th ny position as registered agent	intment as registered te proper and comple t. Heeve	l agent and agrete performance	ree to act in th	ris capacity	r. I fur	ther agree
	(Regi	istered agent's signatur	·e)				
8. The name, title or capac	city and address of the person(s) who has/have auth	ority to manag	e is/are:			
	Matthew Williams-	Assistant Controller	r				
	101 Ponds Edg	e Drive, Suite 300					
**************************************	Chadds Fo	ord, PA 19317					
	ommed)						
•	Signatu	re of an authorized per	son	, , , , , , , , , , , , , , , , , , , 	<u> </u>		
	in accordance with section 605 the Department of State consti	5.0203 (1) (b), Florid	la Statutes. I an				n
	•	Matthew Williams	- ,				
•	Typed o	r printed name of signe	::::::::::::::::::::::::::::::::				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BRIDGEFORCE 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 FOURTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIDGEFORCE LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2000.

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

Authentication: 202487387

Date: 05-04-17

3261989 8300 SR# 20173093748