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COVER LETTER

Division of Corporations	}
SUBJECT: DUNN Brook, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifical 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:	
One12 Thompson Name of Person	
Name of Person	
DUNN BROOK, LLC	
Firm/Company	
19151 South West 15 Th STREET Address	
Pembrook Lines Horida 33029 City/State and Zip Code	
Oncil 5-7hon Pson & grate o Com (Oncil S. thompson @ gm 4. 1. Com E-mail address: (to be used for future annual report notification)	n
For further information concerning this matter, please call:	
Oneiz Thompson at (1631) 7676707 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	
Enclosed is a check for the following amount: □ \$125.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2017

O'NEIL THOMPSON 19151 SOUTHWEST 15TH STREET PEMBROKE PINES, FL 33029

SUBJECT: DUNN BROOK, LLC Ref. Number: W17000078456

We have received your document for DUNN BROOK, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00020017-

, 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:
1. DUNN Brook LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," or "L.L.C.,"
(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 "L.L.C.")
2. No. Va. da (Utrisdiction under the law of which foreign limited liability company is organized) 3. 52 - 21 77 883 (FEI number, if applicable)
4. 10 - 16 - 17 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability)
5. 19151 South WEST 15Th SMEET 6. (Mailing Address)
Pembraok Dines florida 33019
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Dhell Thompson
Office Address: 1915/ South WEST 15 Th STREET
Peinbrook Dine . Florida 33029 3
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 reinstered 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:
Title or Capacity: Name and Address: Name and Address: Name and Address:
President Cheir Thompson
14/51 : XUTN WES 18 Th ST 12 mbrack pinus fl 33029
(Use attachments if necessary)
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)
10. This document is executed in accordance with Section 605.0203 (1) (b). Elorida Statutes. I am aware that any false information
submitted in a document to the Dopartment of State constitutes a third degree felony as provided for in s.817.155, F.S.
Signature of an authorized beyon
DUE! S. Thompson

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DUNN BROOK LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 16, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 12, 2017.

Barbara K. Cegavske Secretary of State

Barbara K. Cegarste

Electronic Certificate
Certificate Number: C20171012-1827
You may verify this electronic certificate
online at http://www.nvsos.gov/