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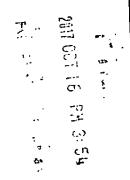
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

TÒ:	Registration Section
	Division of Corporations

Bridge Financials 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:

rease return an correspondence concerning and matter to the	ionowing.	
Jack Palmeri		
Na	ime of Person	
Bridge Financials LL	_C	
Fir	rm/Company	
401 E Las Olas Blvo	d, Suite 1	400
	Address	
Fort Lauderdale, FL	33301	
City/St	ate and Zip Code	
Sunbiz@BridgeFinar	ncials.co	m
E-mail address: (to be used	for future annual	report notification)
For further information concerning this matter, please call:		
Jack Palmeri	954	670-1500
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section

Enclosed is a check for the following amount:

P.O. Box 6327 Tallahassee, FL 32314

\$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2017

JACK PALMERI 401 E LAS OLAS BLVD, SUITE 1400 FORT LAUDERDALE, FL 33301

SUBJECT: BRIDGE FINANCIALS FLORIDA LLC

Ref. Number: W17000080168

We have received your document for BRIDGE FINANCIALS FLORIDA LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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: 517A00020375

6 PH 3: 5k

### 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 RUSINESS IN THE STATE OF FLORIDA:

Bridge Financials LL	.C		l
•	Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.," or "LLC.")	
Bridge Financials Flori			
	ame adopted for the purpose of transacting business in Fi	londa. The alternate name must include "Limited Liabili	ity Company," "L.L.C," or "LLC.")
Delaware	hich foreign limited hability company is organized)	3	, if applicable)
		(· ··· · · · · · · · · · · · · · · · ·	,
(Date of Registration	(Date first transacted business in Florida, if prior to	o requiretion \	\
	(See sections 605,0904 & 605,0905, F.S. to determ	mine penalty liability)	
401 E Las Olas Blvo		6. 401 E Las Olas Blvd	<u> </u>
(Street Address of F Suite 1400	тпера Опсе)	(Mailing Addres	5)
Fort Lauderdale, FL	33301	Fort Lauderdale, FL 3330	
1 011 2000010, 1 2		1 0/( Edddo/ddio, 1 E 5000	
Nama and struct address	s of Florida registered agent: (P.O. Bo	w NOT accountable)	201 OCT
Name and <u>street addres</u>	<del>-</del>	x <u>inor</u> acceptable)	
Name:	Jack Palmeri		
Office Address:	401 E Las Olas Blvd, Suite 1400		
	Fort Lauderdale, FL	22201	c P
		Florida 33301	
aving been named as re signated in this applica comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope	as registered agent and agree to act in	this capacity. I further ag
aving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited li as registered agent and agree to act in	iability company at the plac this capacity. I further ag
aving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment i ions of all statutes relative to the prope	f process for the above stated limited li as registered agent and agree to act in and complete performance of my du	iability company at the plac this capacity. I further ag
aving been named as resignated in this applical comply with the provisind accept the obligations.  The name, title or capa	tance: registered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent Registered agent active and address of the person(s) who he	f process for the above stated limited li as registered agent and agree to act in and complete performance of my du is signature)	iability company at the place this capacity. I further ago ties, and I am familiar with
laving been named as re esignated in this applica comply with the provisi nd accept the obligations	tance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent	f process for the above stated limited li as registered agent and agree to act in and complete performance of my du s signature)	iability company at the place this capacity. I further agi
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Javing been named as resignated in this applicate of comply with the provisional accept the obligations.  The name, title or capa Title or Capacity:  Officer  Use attachments if necessary accepted in the control of the control of the capacity and the capacity accepted in	rance: registered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent acity and address of the person(s) who have and Address:  Jack Palmeri 401 E Lass Oles Blvd. Suite 1400 Fort Lauderdale. FL 33301  sary)  of existence, no more than 90 days old of which it is organized. (If the certifica	f process for the above stated limited line as registered agent and agree to act in and complete performance of my due is signature)  mas/have authority to manage is/are:  Title or Capacity:	iability company at the pluce this capacity. I further agaties, and I am familiar with Mame and Address:
esignated in this applicate ocomply with the provisional accept the obligations.  The name, title or capa Title or Capacity: Officer  Use attachments if necess. Attached is a certificate	rance: registered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent acity and address of the person(s) who hame and Address:  Jack Palmeri  401 E Lus Olas Blvd, Suita 1400 Fort Lauderdale, FL 33301  sary)  of existence, no more than 90 days old of which it is organized. (If the certificate bibmitted)	f process for the above stated limited line as registered agent and agree to act in and complete performance of my due is signature)  mas/have authority to manage is/are:  Title or Capacity:	iability company at the pluce this capacity. I further agaties, and I am familiar with Name and Address:

Typed or printed name of signee

Jack Palmeri

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BRIDGE FINANCIALS, 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 FIFTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIDGE FINANCIALS, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2011.

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

2017 051 16 64 16 . 2 4 Ali Alia Sali ala Ba

Authentication: 203346648

Date: 10-05-17

4923625 8300 SR# 20176486105

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