M17000008891

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400304021724

1870\$717--01026--827 ++125.80

SEGRETARY OF CLATE

7 OCT 16 AN 7: 2:



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2017

RICHARD H. WEISBERG, ESQ. 520 W. LAKE MARY BLVD. SUITE 103 SANFORD, FL 32773 US

SUBJECT: THE BARD GROUP HOLDINGS LLC

Ref. Number: W17000079969

We have received your document for THE BARD GROUP HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 317A00020340

COVER LETTER

Registration Section

TO:

Div	ision of Corporation	s					
SUBJECT:	THE BARD GROUP	HOLDINGS, LLC					
SCHOLCT.		Name of I	Limited Liability (Company			
					nsact Business in Florida," Certificate of company to transact business in Florida		
Please return	all correspondence co	oncerning this matter to the	following:				
	RICHARD H. W	VEISBERG, ESQ.					
		Na Na	me of Person				
	LAW OFFICES	OF RICHARD H. WEISBI	ERG, P.A.				
	Firm/Company						
	520 W. LAKE N	MARY BLVD. SUITE 103					
			Address				
	SANFORD, FLO	ORIDA 32773					
		City/St	ate and Zip Code				
	dick@rhwpalaw.c	om					
		E-mail address: (to be used	for future annual	report noti	fication)		
For further is	nformation concerning	this matter, please call:					
RIC	CHARD H. WEISBER	RG, ESQ.	407 _ at (835-921	1		
	Name of	Contact Person	Area Code	Dayı	time Telephone Number		
Div Reg P.C	ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division of Registrati Clifton Bit 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	a check for the followi 5125.00 Filing Fee	ng amount: \$\Bigsig \\$130.00 \text{ 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 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPLIANT TO TRANSLACT RUSINESS. IN THE STATE OF FLORIDA:

	OLDINGS LLC debra BEMDE Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC."	1
If name unavailable, onter alternate n	ame adopted for the purpose of transacting husiness in Flori	ida. The atternate name must include "Limited Lit	ability Company," '1.1. C," or "LLC")
7 RHODE ISLAND	••••••••••••••••••••••••••••••••••••••	•	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FE) num	wer, if applicable:
4. JUNE 19, 2017			
	(Date first transacted business in Florida, it prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration i se penalte liability i	 -
5. 10 BROWN & HOWA		6. P.O. BOX 7036	
(Suger Address of F NEWPORT, R1, 02840	•	(Mailing Adi	U' 1
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	LEI 16 J
Name:	RICHARD H. WEISBERG, ESQ.	· · · · · · · · · · · · · · · · · · ·	# D
Office Address:	520 W, LAKE MARY BLVD. SUITE	103	7: 2 1: 16 1: 16 1: 16
	SANFORD	Florida 32773	
Registered agent's accep	eCity1	₹Zip su	des
	(Registered syunt's	ignature)	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who ha Name and Address:	s/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
MANAGER	JOHANNES ERSKINE FLOE		
		-	
		-	
		12	
		- -	
(Use attachments if neces	sary)		
 Attached is a certificate jurisdiction under the law of the translator must be s 	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	duly authenticated by the official he is in a foreign language, a transla	naving custody of records in the nation of the certificate under oath
	ruted in accordance with section 605.0203 of the Department of State constitutes a thi	rd degree feloas as provided for ir	
	}	ul ak authanned person	
	Signature	of an authorized person	
	JOHANNES ERSKI		
	Typed or	nunted name of Surner	

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

IN COMPLIANCE WITH SECTION 605.0992, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY TO ANGLOT DURATED BATHE STATE OF ELOPIDA

THE BARD GROUP F	Lunited Liabil	ity Company; must include "Li	imited Liability	Company." "L.L C.," or	"LLC.")	
			· 61 · 73 ·	a include #1	inited Liability Co	ovanov ""! L C " ov "I L C ")
	name adopted for	die purpose of transacting business i	in Highest The all	tensate name must include the	anned Elabinity Co.	inputy, Elist, w cae. /
RHODE ISLAND			_ 3.		(FEI number, if ap	olicable)
(Jurisdiction under the law of w	atuch foreign limit	ed liability company is organized)		1	(PET DESIRON, IV 42)	pictory
JUNE 19, 2017						
70172 17, 2011	(Date fust	transacted business in Florida, if prioris 605,0904 & 605,0905, F.S. to ile	iai to registration.) Leader		•
10 BROWN & HOWA		<u></u>	6.	P.O. BOX 7036	iling Address)	
[Street Address of]				CUMBERLAND, R	•	三 产 产 7
NEWPORT, RI, 02840	<u></u>			COMBERGATO		- 5 - 9 -
	_					<u> </u>
						SSE 16
Name and somet address	on of Florida	registered agent: (P.O.)	Box NOT a	(ccentable)		က်တွင်
wame and street addres				p -/		四次量(
Name:	RICHAR	D H. WEISBERG, ESQ.				95 -
	230 III T	AKE MARY BLVD. SUI	ITE IN			: 2 RIO RIO RIO
Office Address:	320 W. L/	AVE MAK! DEAD: 201	116 105			\sim ∞
	SANFOR	a.		, Florida <u>327</u>	73	
		(City)			(Zip code)	•
esignated in this application county with the provis	registered ag ation, I here sions of all s	ent and to accept service by accept the appointme tatutes rejative to the pro- ition as registered years	ent us registe oper and co	ered agent ana ayrca	e to aci m mi	3 cupucity. I juinter na
aving been named as resignated in this application comply with the provising accept the obligation	egistered ag ation, I here sions of all s ns of my pos	thy accept the appointmentatutes relative to the profition as registered users	int us registed oper and co. Make gent's signature)	ered agent and agree implete performance	of my duties	3 cupucity. I juinter na
aving been named as resignated in this application comply with the provising accept the obligation	egistered ag ation, I here sions of all s ns of my pos	thy accept the appointmentatutes refative to the production has registered years	ant us registed oper and co. Who pen's signature) to has have	ered agent and agree implete performance	of my duties	3 cupucity. I juinter na
aving been named as resignated in this application comply with the provisad accept the obligation. The name, title or cap	registered ag ation, I here sions of all s as of my pos	thy accept the appointmentatutes relative to the production has registered users the production has registered as the person (s) which the person (s) which the person (s)	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this application comply with the provisand accept the obligation. The name, title or cap Title or Capacity:	registered ag ation, I here sions of all s as of my pos	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this applicated in this application of accept the obligation. The name, title or cap Title or Capacity:	registered ag ation, I here sions of all s as of my pos	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this applicated in this applicated in this application of accept the obligation. The name, title or capatite or Capacity:	registered ag ation, I here sions of all s as of my pos	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this applicated in this applicated in this application of accept the obligation. The name, title or capatite or Capacity:	registered ag ation, I here sions of all s as of my pos	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this applicated in this applicated in this application and accept the obligation. The name, title or capatity:	registered ag ation, I here sions of all s as of my pos	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this applicated in this application of accept the obligation. The name, title or cap Title or Capacity:	registered ag ation, I here sions of all s as of my pos	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this applicated in this applicated in the provised accept the obligation. The name, title or cap Title or Capacity: MANAGER	registered ag ation, I here sions of all s as of my pos buckty and ad	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	ent as registed oper and co. Libo gent's signature) no has/have	and agent and agree in plets performance	of my duties	s capacity. That we will ar with
aving been named as resignated in this applicated in this application of accept the obligation. The name, title or capacity: MANAGER Use attachments if neces	registered ag ation, I here sions of all s as of my pos coucity and ad	dependent of the province of the province of the province of the person	and as registed oper and co. Who year's signature) in has/have Ti FLOE	authority to manage	is/are:	and I am familiar with
aving been named as resignated in this application comply with the provisated accept the obligation. The name, title or capacity: MANAGER	registered ag ation, I here sions of all sins of any postable pacity and additional addi	thy accept the appointmentatutes relative to the production as registered exert (Registered as all dress of the person(s) who wante and Address:	and as registed oper and co. Who pen's signature) To has/have TOE	authority to manage in the or Capacity:	is/are:	and I am familiar with
aving been named as resignated in this applicates in this applicate comply with the provisand accept the obligation. The name, title or capacity: MANAGER Use attachments if necessarisdiction under the law friends a certificate wisdiction under the law friends. This document is executive to the translator must be seen as a contract of the translator must be seen.	registered ag ation, I here sions of all sins of my pos pacity and ad pacity and add pacity and paci	dress of the person(s) when and Address: OHANNES ERSKINE F	old, duly an ificate is in :	authority to manage the or Capacity: thenticated by the of a foreign language, a	is/are: Na Ticial having translation of the translation of tran	custody of records in the fithe certificate under oat any false information
aving been named as resignated in this applicates in this applicate comply with the provisand accept the obligation. The name, title or capacity: MANAGER Use attachments if necessarisdiction under the law friends a certificate wisdiction under the law friends. This document is executive to the translator must be seen as a contract of the translator must be seen.	registered ag ation, I here sions of all sins of my pos pacity and ad pacity and add pacity and paci	the accept the appointmentatures y garive to the projection as registered users. Idress of the person(s) who was an and Address: OHANNES ERSKINE For the certification of State constitutes.	old, duly an ificate is in :	thenticated by the of a foreign language, a lee felony as provide	is/are: Na Ticial having translation of the translation of tran	custody of records in the fithe certificate under oat any false information

Typed or minted finne or Spice



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

THE BARD GROUP HOLDINGS LLC

is a Rhode Island Limited Liability Company organized on June 22, 2015.

I further certify that revocation proceedings are not pending; articles of dissolution

have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Tullin U. Kalen

September 29, 2017

Secretary of State



Certificate Number: 17090107650

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli

UNICORN CONSULTING INC.

1739 Lake Marion Dr. Apopka, Florida 32712

Phone: 305-764-9283 Email: miles5856@hotmail.com

October 12, 2017

Florida Dept. of State Division of Corporations Registration Section Judy Leggett P.O. Box 6327 Tallahassee, Fl 32314

Re: Registration Foreign Limited Liability Company – The Bard Group Holdings, LLC

Please see the revised application for The Bard Group removing "d/b/a BCMDC". My understanding is that this correction will cause the application to be approved.

Sincerely,
//s Martin Werner
Martin Werner B.S. J.D. President