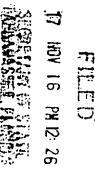
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(Req	questor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to F	filing Officer:
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COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SUBJI	FCT∙	Brown	-Bridges, LLC		
		Name o	f Limited Liability Com	pany	_
				to Transact Business in Florida liability company to transact bus	
Please	return all correspondence	concerning this matter to th	ne following:		
		Rode	erick Bridges, Jr.		_
			Name of Person		_
		Brow	n-Bridges, LLC		_
			Firm/Company		
		137 N	lapa Valley Circle		_
			Address		
			son, MS 39110		_
		City/	State and Zip Code		
		Brown-Bric E-mail address: (to be us	lgesLLC@gmail.co		_
For fur	ther information concerning				
	Roder	ick Bridges, Jr.	at (601)	540-5626	
	Name	of Contact Person	Area Code	Daytime Telephone Number	_
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Fl. 32314		Div Re Cli 260	refer Address: vision of Corporations gistration Section ifton Building 61 Executive Center Circle llahassee, FL 32301	
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fe Certified Copy	ee & S160.00 Filing Fee, O of Status & Certified Co	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2017

RODERICK BRIDGES, JR 137 NAPA VALLEY CIRCLE MADISON, MS 39110 US

SUBJECT: BROWN-BRIDGES, LLC

Ref. Number: W17000088854

We have received your document for BROWN-BRIDGES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6051.

Letter Number: 217A00022440

BRITTANY M FIGUEROA
Regulatory Specialist II
Registration/Qualification Section

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:

(Name of Foreign Limited Liability Company: must include "I If name unavailable, enter alternate name adopted for the purpose of transacting business State of Mississippi (Jurisdiction under the law of which foreign limited hability company is organized) N/A (Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to c Street Address of Principal Office) Madison, MS 39110 7. Name and street address of Florida registered agent: (P.O. Name: Office Address: Office Address:	in Florida. The alternate name must include "Ling" 3. 03-0570691 rior to registration.) letermine penalty liability) 6. (Man	nited Liability Company," "L. L. C," or "LLC,") FEI number, if applicable) ling Address)
State of Mississippi (Jurisdiction under the law of which foreign limited hability company is organized) N/A (Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to a 137 Napa Valley Circle (Street Address of Principal Office) Madison, MS 39110 Name and street address of Florida registered agent: (P.O.)	3. 03-0570691 rior to registration.) letermine penalty liability) 6. (Mai	FEI number, if applicable) ling Address)
State of Mississippi (Jurisdiction under the law of which foreign limited hability company is organized) N/A (Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to a 137 Napa Valley Circle (Street Address of Principal Office) Madison, MS 39110 Name and street address of Florida registered agent: (P.O.)	3. 03-0570691 rior to registration.) letermine penalty liability) 6. (Mai	FEI number, if applicable) ling Address)
(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to 6) 137 Napa Valley Circle (Street Address of Principal Office) Madison, MS 39110 7. Name and street address of Florida registered agent: (P.O.)	for to registration.) determine penalty liability) 6(Mai	ling Address)
(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to c 137 Napa Valley Circle (Street Address of Principal Office) Madison, MS 39110 7. Name and street address of Florida registered agent: (P.O.)	Box NOT acceptable)	
137 Napa Valley Circle (Street Address of Principal Office) Madison, MS 39110 7. Name and street address of Florida registered agent: (P.O.)	Box NOT acceptable)	
137 Napa Valley Circle (Street Address of Principal Office) Madison, MS 39110 7. Name and street address of Florida registered agent: (P.O.)	Box NOT acceptable)	
(Street Address of Principal Office) Madison, MS 39110 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 <u>NOT</u> acceptable)	
7. Name and street address of Florida registered agent: (P.O. Name: Rodevick Br. Office Address: 3936 S. Senn	Box NOT acceptable)	
7. Name and street address of Florida registered agent: (P.O. Name: Rodevick Br. Office Address: 3936 S. Senn	Box <u>NOT</u> acceptable)	
Name: Rodevick Br. Office Address: 3936 S. Sens	ilacs, Tr.	
Office Address: 3936 S. Sean	KACS, VV.	
Office Address: -1936 J. Sean	i i i i i i i i i i	14
3	oran Blvd. Sui	te 277
Orlando, FL	- Florida 3	2822
Registered agent's acceptance:		(Zip code)
(Registered a	gen's similare)	
8. The name, title or capacity and address of the person(s) w	ho has/have authority to manage is	s/are:
Title or Capacity: Name and Address:	Title or Capacity:	Name and Address:
Member Roderick Bridges, Jr.	Title or Capacity:	Name and Address:
Member Roderick Bridges, Jr. 137 Napa Valley Circle	Title or Capacity:	
Member Roderick Bridges, Jr.	Title or Capacity:	Name and Address:
Member Roderick Bridges, Jr. 137 Napa Valley Circle	Title or Capacity:	
Member Roderick Bridges, Jr. 137 Napa Valley Circle	Title or Capacity:	HOW IS PH
Member Roderick Bridges, Jr. 137 Napa Valley Circle	Title or Capacity:	BOV 15

Typed or printed name of signee



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BROWN-BRIDGES, LLC

Registered the 23rd day of September, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

451 Northpark Drive, Suite A Ridgeland, MS 39157

And that the registered agent at that address is:

Bridges, Roderick R, , Jr.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 27th day of October, 2017

Dellat Noseman, 1.

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN17044080

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx