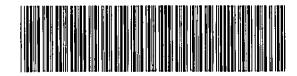
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(Requestor's Name)
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COVER LETTER

TO:

Registration Section **Division of Corporations**

BRIDGEWOOD HOMES, 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:

Patrick Heron		
Name of Person		
BRIDGEWOOD HOMES, LLC		
Firm/Company	7	
6620 Riverside Bluffs Dr.	٠	12
Address	٠.	اد 13
Riverview, FL 33578	•	>
City/State and Zip Code		ټ_
heronpatrick@hotmail.com		2
E-mail address: (to be used for future annual report notification)		_

For further information concerning this matter, please call:

Patrick Heron

Name of Contact Person

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me umvailable, enter alternate	name adopted for the purpose of transacting business	s in Florids. The atternate same must include "Limited Lability	ty Company," "L.L.C," or "LLC
Nevada			7
(Perestaction under the law of	which foreign limited liability company is organized)	(FEI nilamber,	, if applicable)
	(Date first transacted business in Florids, if p (See sections 605.0904 & 605.0905, F.S. to c	irior to registration.) determine penalty liability)	
6620 Riverside	Bluffs Dr.	6. 6620 Riverside Bluffs	Dr.
(Street Address of Principal Office) Riverview, FL 33578		(Mailing Address Riverview, FL 33578	1)
11110111011,1 2 00			
Name and street addr	ess of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Registered Agents Inc.	<u> </u>	
Office Address:	3030 N. Rocky Point Dr. S	STE 150A	
	Tampa	, Florida 33607	
	(City)	(Zip code)	
	72	1.	
	Bye (Registered a	igent's signature)	
	pacity and address of the person(s) wh	ngent's signature) tho has/have authority to manage is/are:	5.
Title or Capacity:	pacity and address of the person(s) when Name and Address:	igent's signature)	
	pacity and address of the person(s) wh	ngent's signature) tho has/have authority to manage is/are:	5.
Title or Capacity:	pacity and address of the person(s) when Name and Address: Patrick Heron	ngent's signature) tho has/have authority to manage is/are:	5.
Title or Capacity:	pacity and address of the person(s) wind Name and Address: Patrick Heron 6620 Riverside Blufts Dr.	ngent's signature) tho has/have authority to manage is/are:	5.
Title or Capacity: Manager	pacity and address of the person(s) when Name and Address: Patrick Heron 6620 Riverside Blufts Dr. Riverview, Fl. 33578 Tamara Heron 6620 Riverside Blufts Dr.	ngent's signature) tho has/have authority to manage is/are:	5.
Title or Capacity: Manager Manager	pacity and address of the person(s) wind Name and Address: Patrick Heron 6620 Riverside Bluffs Dr. Riverview, FL 33578 Tamara Heron 6520 Riverside Bluffs Dr. Riverview, FL 33578	ngent's signature) tho has/have authority to manage is/are:	5.
Title or Capacity: Manager Manager	pacity and address of the person(s) wind Name and Address: Patrick Heron 6620 Riverside Bluffs Dr. Riverview, FL 33578 Tamara Heron 6520 Riverside Bluffs Dr. Riverview, FL 33578	ngent's signature) tho has/have authority to manage is/are:	5.
Manager Manager Manager Use attachments if necessariached is a certification.	pacity and address of the person(s) when Name and Address: Patrick Heron 6620 Riverside Bluffs Dr. Riverview, FL 33578 Tamara Heron 6620 Riverside Bluffs Dr. Riverview, FL 33578 essary) te of existence, no more than 90 days	ho has/have authority to manage is/are: Title or Capacity: Old, duly authenticated by the official havi	Name and Address:
Manager Manager Manager Jse attachments if necessarisdiction under the law	Pacity and address of the person(s) when Name and Address: Patrick Heron 6520 Riverside Bluffs Dr. Riverview, Fl. 33578 Tamara Heron 6520 Riverside Bluffs Dr. Riverview, Fl. 33578 essary) te of existence, no more than 90 days we of which it is organized. (If the certification is supported to the certification of th	ho has/have authority to manage is/are: Title or Capacity:	Name and Address:
Manager Manager Manager Use attachments if necessarisdiction under the law the translator must be a certifical control of the certifi	Pacity and address of the person(s) when Name and Address: Patrick Heron 6620 Riverside Bluffs Dr. Riverview, Fl. 33578 Tamara Heron 6620 Riverside Bluffs Dr. Riverview, Fl. 33578 essary) te of existence, no more than 90 days which it is organized. (If the certisubmitted) ecuted in accordance with section 605.	ho has/have authority to manage is/are: Title or Capacity: Old, duly authenticated by the official havi	Name and Address: Ing custody of records in of the certificate unditate that any false informat
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Manager Manager Manager Use attachments if necessarisdiction under the law the translator must be a certifical control of the certifi	Patrick Heron 6520 Riverside Bluffs Dr. Riversew, Fl. 33578 Tamara Heron 6520 Riverside Bluffs Dr. Riversew, Fl. 33578 essary) te of existence, no more than 90 days w of which it is organized. (If the certisubmitted) ecuted in accordance with section 605. to the Department/of State constitutes	old, duly authenticated by the official having is in a foreign language, a translation of the control of the co	Name and Address: Ing custody of records in of the certificate unditate that any false informat

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, **BRIDGEWOOD HOMES**, **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 May 31, 2018, 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 June 15, 2018.

Bulkers K. Cegerste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180615-0975