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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

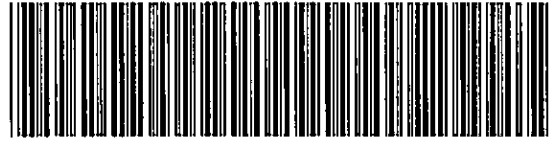
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2018 AUG 28 PM 4:13
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N. CAUSSEUX

SEP - 6 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Newbridge Marketing 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:

Amy Kullman

Name of Person

Newbridge Marketing LLC

Firm/Company

7814 Horseshoe Creek Dr.

Address

Huntersville, NC 28078

City/State and Zip Code

amy@newbridgeng.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Kullman

704

992-9011

at ()

Name of Contact Person

Area Code

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:

1. Newbridge Marketing LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. New Jersey (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-2275374 (FEI number, if applicable)

4. 9/1/2018
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2335 SW 19th Avenue (Street Address of Principal Office) 6. 7814 Horseshoe Creek Dr. (Mailing Address)
Portland, OR 97201 Huntersville, NC 28078

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: URS AGENTS, LLC
 Office Address: 3458 Lakeshore Dr.
Tallahassee, Florida 32312
(City) (Zip code)

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 STATE SECRETARY
 9/10 AUG 28 PM 4:13

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 registered agent.

By: Amy Purdy (Registered agent's signature) Amy Purdy, Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Partner</u>	<u>Steve Schubert</u> <u>2335 SW 19th Ave</u> <u>Portland OR 97201</u>	<u>Partner</u>	<u>Thomas J Nolan</u> <u>516 S. Cuyler Ave</u> <u>Oak Park IL 60304</u>
<u>Partner</u>	<u>Peter Kullman</u> <u>7814 Horseshoe Creek Dr.</u> <u>Huntersville NC 28078</u>	<u>Partner</u>	<u>Mark Nolan</u> <u>7306 Alicante Rd #8</u> <u>Carlsbad, CA 92009</u>

(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), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Peter C Kullman
(Signature of an authorized person)
Peter C Kullman
Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

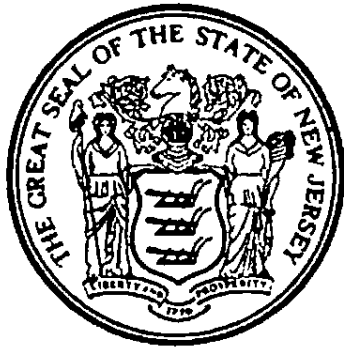
NEWBRIDGE MARKETING, L.L.C.
0600226583

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 04, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SHANE R. ORBACH
MEISEL, TUTEUR & LEWIS PC
101 EISENHOWER PARKWAY
ROSELAND, NJ 07068



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
22nd day of August, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6090677450

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

FILED
SEP 1 2018
9:13 AM
TREASURER'S OFFICE
TRENTON, NJ