# M18000010771

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



000320776040

11/19/18--01021--016 \*\*130.00

FILED
2018 NOV 19 PM 12: 44
SECURETARY OF STATE

N CULLIGAN

DEC 3 2018

#### COVER LETTER

ro:	Registration Section Division of Corporati	ons			·
SUBJI	Sera-Brynn, LLC				
	<del>- "</del>	Name of	Limited Liability (	Company	
The en Exister	iclosed "Application by F nce, and check are submit	oreign Limited Liability Com ted to register the above refer	pany for Authoriza enced foreign limit	tion to Tr ed liabilit	ransact Business in Florida," Certific ty company to transact business in F
lease	return all correspondence	concerning this matter to the	following:		
	John Kipp				
	· · · · · · · · · · · · · · · · · · ·	N	lame of Person		1~;
	Sera-Brynn, I	LC			
	**************************************	F	irm/Company		
	5806 Harbou	r View Blvd. Ste. 204			
			Address		
	Suffolk, VA	23435			
		City/S	State and Zip Code		
	john.kipp@sera	a-brynn,com			
	-	E-mail address: (to be use	d for future annual	report no	tification)
or fur	ther information concern	ing this matter, please call:			
	Brenda Chamberlain		757 at (	828-05	564
	Name	of Contact Person	Area Code	Day	ytime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton F 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
inclose	ed is a check for the follo \$125.00 Filing Fee	wing amount: ■ \$130.00 Filing Fee & Certificate of Status	S155,00 Filin Certified Copy	g F <b>ee &amp;</b>	□ \$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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Forida. The a	itemate name must include "Limited I	inbility Company	/," "L.L.C," or "LLC.")
Virginia		3.	45-3994933		
(Jurisdiction under the law of w	nich foreign kimited hability company is organized)		(FEI nu	mber, if applicab	(c)
1 October, 2018					
	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	r to registratio: critisic ponalty	L) liability)		
Sera-Brynn, LLC			Same		
(Street Address of F		O1	(Mailing A	ddress)	70
5806 Harbour View Bl	va. Ste. 204				
Suffolk, VA 23435			· -		
					AST T
Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> a	acceptable)		SE SE
Name:	InCorp Services, Inc.	<u>.                                    </u>			- Egg <b>P</b>
Office Address:	17888 67th Court North				SECRETARY OF STALL AHASSEE FTOOM
Office Address,		<del></del>	<del></del> ,		- E
	Loxahatchee		, Florida <u>33470</u>		•
ving been named as re ignated in this applicat omply with the provisi	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointmen ons of all statutes relative to the prop tof my position as registered agent. (Registered agent	t as registe per and con	(75p c for the above stated limite gred agent and agree to ac	ed liability c et in this cap or duties, and	pacity. I further a t I am familiar wi
ving been named as regignated in this application of the provision of accept the obligations	tance: gistered agent and to accept service of tion, I hereby accept the appointmen ons of all statutes relative to the prop to of my position as registered agent.	t as registe per and con Pa M's signosmo) has/have a	(75p or for the above stated limite ered agent and agree to acomplete performance of my attricia Reyes on behalf o	ed liability c et in this cap e duties, and f InCorp Sc	pacity. I further a t I am familiar wi
ving been named as resignated in this applicated in this applicated on the provision accept the obligations.  The name, title or capa	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent and address of the person(s) who Name and Address:  Brenda Chamberlain	er and con Pa ********************  has/have a	(73p or for the above stated limite ered agent and agree to ac mplete performance of my etricia Reyes on behalf or authority to manage is/arc:	ed liability c et in this cap e duties, and f InCorp Sc	pacity. I further a d I am familiar wi ervices, Inc.
ving been named as resignated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent and address of the person(s) who Name and Address:	er and con Pa ********************  has/have a	(73p or for the above stated limite ered agent and agree to ac mplete performance of my etricia Reyes on behalf or authority to manage is/arc:	ed liability c et in this cap e duties, and f InCorp Sc	pacity. I further a d I am familiar wi ervices, Inc.
ving been named as resignated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity:  Controller	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent (Registered agent).	er and con Pa ********************  has/have a	(73p or for the above stated limite ered agent and agree to ac mplete performance of my etricia Reyes on behalf or authority to manage is/arc:	ed liability c et in this cap e duties, and f InCorp Sc	pacity. I further a d I am familiar wi ervices, Inc.
ving been named as regignated in this applicated in this applicated manner with the provision accept the obligations.  The name, title or capa  Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent (Registered agent)  (	Pa  *** signoner  has/have a  Ste.	(73p or for the above stated limite ered agent and agree to ac mplete performance of my etricia Reyes on behalf or authority to manage is/arc:	ed liability c et in this cap e duties, and f InCorp Sc	pacity. I further a d I am familiar wi ervices, Inc.
ving been named as regignated in this applicationally with the provision accept the obligations. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent (Registered agent).	Pa  *** signoner  has/have a  Ste.	(73p or for the above stated limite ered agent and agree to ac mplete performance of my etricia Reyes on behalf or authority to manage is/arc:	ed liability c et in this cap e duties, and f InCorp Sc	pacity. I further a d I am familiar wi ervices, Inc.
ving been named as rejignated in this applicationally with the provisional accept the obligations. The name, title or capa Title or Capacity:  Controller	dance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent and Address:  Brenda Chamberlain  5806 Harbour View Blvd.  John Kipp  5806 Harbour View Blvd. Suffolk VA 23435	Pa  *** signoner  has/have a  Ste.	(73p or for the above stated limite ered agent and agree to ac mplete performance of my etricia Reyes on behalf or authority to manage is/arc:	ed liability c et in this cap e duties, and f InCorp Sc	oacity. I further a d I am familiar w ervices, Inc.
The name, title or capa Title or Capacity: Controller  COO  se attachments if necess Attached is a certificate of sdiction under the law of the translator must be su This document is execut	dance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent and Address:  Brenda Chamberlain  5806 Harbour View Blvd.  204, Suffolk VA 23435  John Kipp  5806 Harbour View Blvd. Suffolk VA 23435  John Kipp  5806 Harbour View Blvd. Suffolk VA 23435  arry)  of existence, no more than 90 days old which it is organized. (If the certific bmitted)	Pa	for the above stated limite ered agent and agree to acomplete performance of my attricia Reyes on behalf of authority to manage is/arc: tle or Capacity:  henticated by the official beforeign language, a translational foreign language. I am aways	Name a	dy of records in the certificate under our false information
wing been named as resignated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity: Controller  COO  se attachments if necess Attached is a certificate as sdiction under the law of the translator must be sufficiency.	dance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent and Address:  Brenda Chamberlain  5806 Harbour View Blvd.  204, Suffolk VA 23435  John Kipp  5806 Harbour View Blvd. Suffolk VA 23435  John Kipp  5806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435  John Kipp  6806 Harbour View Blvd. Suffolk VA 23435	Pa	for the above stated limite ered agent and agree to acomplete performance of my attricia Reyes on behalf of authority to manage is/arc: tle or Capacity:  henticated by the official beforeign language, a translational foreign language. I am aways	Name a	dy of records in the certificate under our false information

## Commonwealth of Hirginia



### State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Sera-Brynn, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 1, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 15, 2018

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 4944

Document Control Number: 1811155564