Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008

Phone Fax Number : (850)777-2091 : (770)220-1943

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:_

Foreign Limited Liability Company BRAVO 18RR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



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:

if name unavailable, onter absenute	name adopted for the purpose of transacting business in Flo	nds The alternat	te name must include "Limited Liability Company," "L L.C."	œ "LLC.	
Delaware		. Ap	oplied for		
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, (lapplicable)		
Upon Qualification					
	(Date first transacted business in Florids of prior to (See sections 605 0904 & 605 0905, F.S. to determi	ne beutith hapir	ny)		
	18851 NE 29th Avenue, Suite 518		351 NE 29th Avenue, Suite 518		
(Street Address of Principal Office)		6. (Mailing Address)			
Aventura, FL 33180		Aventura, FL 33180			
		Avi	entura, FL 33180		
Avenue, 1 B 33100		Av.	entura, FL 33180	_ <u>_</u>	
	ss of Florida registered agent: (P.O. Box		FA.		
	ss of Florida registered agent: (P.O. Box NRAI Services, Inc.		otable)	ASM 38035 -	
Name and street addre			otable)	5 10 ASTERNO	

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 exept.

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Address:	Other
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	Name:Address:

Typed or printed name of signee



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRAVO 18RR, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAVO 18RR, LLC"
WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7251514 8300 SR# 20190490289

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202142033

Date: 01-25-19

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