OPSICOCOPIN

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(De	ocument Number)	
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m M Application for Authorization to Transact Business - Foreign Limited Liability Company

		CO	VER LETTER					
	Registration Section Division of Corporation	s						
SUBJECT	Bradley/Coll	ins LLC						
000000			Limited Liability (Company		-		
		eign Limited Liability Comp d to register the above refere						
Please reti	urn all correspondence o	oncerning this matter to the	tallowing:					
	Bradley P	eterson						
		N	ame of Person	· - ··		<u>.</u>	22	
	Bradley/C	ollins LLC					2019	
		Fi	rm/Company			- <u>15.</u> 3-€ (JAN	
	131 East	Orake Avenue				; ; ;	28	
			Address		- -		\triangleright	• •
	Saint Lou	s, MO 63119				ہہا۔ جارہ		· .
		City/S	tate and Zip Code			_ <u>\$</u> 1.77	ü	
	brad@brac	lley-collins.com				320		
		E-mail address: (to be use	d for future annua	report no	tification)	_		
For furthe	r information concerning	g this matter, please call:						
E	Bradley Peterso	on	314 _ at (968-	2899			
-	Name o	f Contact Person	Area Code	_/ -	time Telephone Number	-		
F P	MAILING ADDRESS: Division of Corporations registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301			
	is a check for the follow \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filio Certified Copy		☐ \$160.00 Filing Fee, C of Status & Certified Co			

Application for Authorization to Transact Business - Foreign Limited Liability Company

	TION 6050902, FLORIDA STATUTES, THE FOLL JSINESS IN THE STATE OF PLORIDA:	OWING IS SUBMITTED TO REC	SISTER A FOREIGN LIMITED	LIABILITY
Bradley/Collin	S.L.C. Climited Dability Company; must include "Climited D	ability Company, ""L.L.C.," or "LL	c ,	
	name adopted for the purpose of transacting business of Florids		d Liability Company " "L. L. C." or "L.L.C.	רי
State of Misso (Durindiction under the law of v	UT) hich foreign limited liability company is organized)	3. 43-1901340 (FEI	number, if applicable)	
1	(Date first transacted business in Florida, if prior to regi See sections 605 0904 & 605 0905 F.S. to determine p	tration.)		
131 East Drak		erety liability) 6 131 East Drake	e Avenue	
Saint Louis, M	Principal Office)	Saint Louis, M	(Address)	
			<u> </u>	
	re of Clarida registered agent: (D.O. Boy A	OT acceptable)	•	
 Name and street addre 	33 of Pionua registered agent. (P.O. Box 15		•	_
 Name and <u>street addre</u> Name: 	Registered Agents Inc.		2	201
	_ • • • -		7 1	2019
Name: Office Address: Registered agent's acce	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (Cay)	Florida 3370	p code)	2019 JAN 285
Name: Office Address: Registered agent's acceptainty been named as resignated in this application comply with the provisor	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg Cost Stance: Egistered agent and to accept service of production, I hereby accept the appointment as reions of all statutes relative to the proper aris of my position as registered agent.	Florida 3370	pited liability company at the	∕∕ ≎O e place ver agree
Name: Office Address: Registered agent's acceptainty been named as resignated in this application comply with the provisor	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg C(Ap) Stance: Segistered agent and to accept service of prodution, I hereby accept the appointment as no ions of all statutes relative to the proper ar	Florida 3370 (Za cess for the above stated limegistered agent and agree to d complete performance of	pited liability company at the	∕∕ ≎O e place ver agree
Name: Office Address: Registered agent's acce; Having been named as r designated in this applic, to comply with the provise and accept the obligation 8. The name, title or cap	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (Cay) Stance: Engistered agent and to accept service of proution, I hereby accept the appointment as minons of all statutes relative to the proper arise of my position as registered agent. Regulated Agent's soon (Regulated Agent's soon acity and address of the person(s) who has/	Florida 3370 (Za cess for the above stated lim egistered agent and agree to d complete performance of	p coan) ilted liability company at thi act in this capacity. I furth my duties, and I am familia	∕∕ ≎O e place ver agree
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STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

BRADLEY/COLLINS, LLC LC0041885

was created under the laws of this State on the 16th day of August, 2000, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 15th day of January, 2019.

Secretary of State

THE SOLUTION OF MALESTAN

Certification Number: CERT-01152019-0006