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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJE	2153 Brownwood, LLC.	
	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flori	of da
Please r	irn all correspondence concerning this matter to the following:	
	Scott Reese	
	Name of Person	
	2153 Brownwood, LLC.	
	Firm/Company	
	1633 N Studebaker Rd	
	Address	
	Long Beach, CA 90815	
	City/State and Zip Code	
	sreese 1234@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For furth	information concerning this matter, please call:	
	ott Reesc 805 868-6940	
•	Name of Contact Person Area Code Daytime Telephone Number	
I I !	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Clifton Building lahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
P	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Bigsup \$	e

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUIFS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 2153 Brownwood, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") LLC. or Brownwood, LLC., enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C." California (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1633 N Studebaker Rd 1633 N Studebaker Rd (Street Address of Principal Office) Long Beach, CA 90815 Long Beach, CA 90815 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) My Realty Story LLC Name: 601 Del Prado Boulevard North Suite 8 Office Address: Cape Coral 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 phisition as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Name: Samuel Lee Manager Address: ____1633 N Studebaker Rd Member Address: _____ 1741 W. Las Lunas Ln Member Long Beach, CA 90815 Authorized Fullerton, CA 92833 Authorized Person Person Other Other____ __Other Name: Todd Tabon Manager Manager Address: 13512 Carnaby Street **■**Member Member Cerritos, CA 90703 Authorized Authorized Person Person Other __Other_____ Other Other___ Manager Name: Manager Name: _____ Member Address: Member Address: _____ Authorized Authorized Person Person Other_ Other____ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person Scott Reese

Typed or printed name of signee

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: 2153 BROWNWOOD, LLC

FILE NUMBER:

201210010029

FORMATION DATE:

03/23/2012

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 25, 2019.

> ALEX PADILLA Secretary of State