

M19000006549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

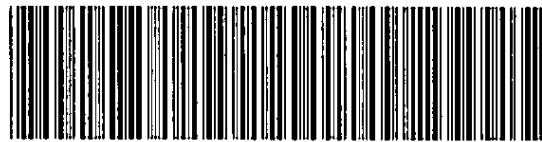
Special Instructions to Filing Officer:

7/2

name must
match cert

W19000048353

Office Use Only



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19 JUL -2 AM 1:51
ALABAMA STATE
TALLAHASSEE, FLORIDA

05/10/19--01017--008 **130.00

K. SALY

JUL - 9 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2019

BRIAN BURGETT
809 JEFFERSON AVE SE
BONDURANT, IA 50035

SUBJECT: BRIAN BURGETT REALTOR, LLC
Ref. Number: W19000048353

We have received your document for BRIAN BURGETT REALTOR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00012976



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

BRIAN BURGETT
809 JEFFERSON AVE SE
BONDURANT, IA 50035

SUBJECT: BRIAN BURGETT REALTOR, LLC
Ref. Number: W19000048353

We have received your document for BRIAN BURGETT REALTOR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00009951

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIAN BURGETT REALTOR, L.L.C. (489DLC-483559)

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:

Brian Burgett

Name of Person

BRIAN BURGETT REALTOR, L.L.C. (489DLC-483559)

Firm/Company

809 Jefferson Ave SE

Address

Bondurant, IA 50035

City/State and Zip Code

brian@averyburgett.com

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

For further information concerning this matter, please call:

Brian Burgett

515

473-0962

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 818.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER (FOREIGN LIMITED LIABILITY
COMPANY) TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. BRIAN BURGETT REALTOR, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(Date and state of incorporation or state adopted for the purpose of transacting business in Florida. The corporate name must include "Limited Liability Company," "LLC," or "LLC")

2. Iowa

81-0964412

3. Iowa

(Tax number, if applicable)

4. (Date first transacted business in Florida; if prior to registration, (See section 803.04(4) & 803.04(5), F.S., to determine penalty liability.)

5. Brian Burgett

6. Brian Burgett

(Street address of Principal Officer)

(Mailing Address)

809 Jefferson Ave Se

809 Jefferson Ave Se

Bondurant, IA 50035

Bondurant, IA 50035

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

Name: Kristen Waller

Office Address: 2210 Parker Pl Ct

Navarre

33566

Florida

(Zip code)

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.

Kristen Waller
(Registered agent's signature)

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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:

☐ Manager Name: Brian Burgett
☒ Member Address: 809 Jefferson Ave SE
☐ Authorized Bondurant, IA 50035
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:Name and Address:

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

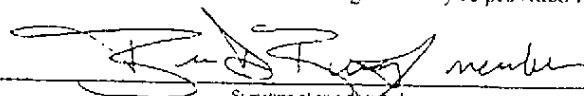
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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
 BRIAN D. BURGETT MEMBER
 Typed or printed name of signer

**IOWA SECRETARY OF STATE
PAUL D. PATE**



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IOWA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

Issue Date: 5/6/2019

Name: BRIAN BURGETT REALTOR, L.L.C. (489DLC - 483559)

Date of Incorporation: 8/6/2014

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS167529

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in cursive script that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State