

M20000000657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

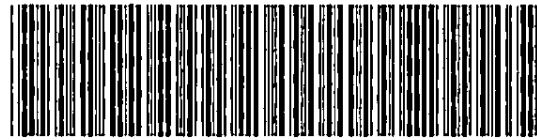
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/28/18--01022--031 **125.00

FILED
2020 DEC 26 P 3 24
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 16 2021
T. LEMIEUX



**WESTMONT
ASSOCIATES, INC.**

December 23, 2019

via UPS Delivery

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State

**Re: BridgeNet Insurance Agency LLC
Application by Foreign LLC**

To Whom It May Concern:

Please consider the included Application by Foreign LLC for Authorization in regard to BridgeNet Insurance Agency LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of BridgeNet Insurance Agency LLC.

Also enclosed are a certificate of good standing and a check in the amount of \$125 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220 or by email at beth@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Bethany Hill

11W570 DEC 23, 2019 ACT WT 0.1 LBS #PK 1
SVC 2DA LTR BL WT
TRACKING# 1Z11W5700266465674
BILLING REF #: BRIDGE-EXP ALL CURRENCY USD
REF 2

HC 0.00	CNS 0.00	FRT: SHP
SHIPMENT NR RATE CHARGES:		SVC 14.97 USD
BY 0.00	COD 0.00	RS 0.00
DC 0.00	DGD 3.00	
AH 0.00	PR 0.00	ROD 0.00
TOT NR CHG 14.97		NR+HC 14.97

THIS DOCUMENT IS NOT AN INVOICE.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BridgeNet Insurance Agency LLC
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:

Bethany Hill
Name of Person
Westmont Associates, Inc.
Firm/Company
1763 Marlton Pike East, Suite 200
Address
Cherry Hill, NJ 08003
City/State and Zip Code
tmorris@bridgenetins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Hill at (856) 216-0220
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BridgeNet Insurance Agency LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-4556446 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 49 Archdale Street, #1F (Street Address of Principal Office)
6. 49 Archdale Street, #1F (Mailing Address)
Charleston, SC 29401 Charleston, SC 29401

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

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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2020 DEC 26 P 2:24
TALLAHASSEE, FLORIDA

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.

Jennifer Tasevich Asst. Secretary
(Registered agent's signature)

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: Keith Mahar

Member Address: 49 Archdale Street, #1F

Authorized Charleston, SC 29401

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Dennis Stuckey

Member Address: 49 Archdale Street, #1F

Authorized Charleston, SC 29401

Person _____

Other _____ Other _____

Manager Name: Charles T. Morris

Member Address: 49 Archdale Street, #1F

Authorized Charleston, SC 29401

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Daniel Schlemmer

Member Address: 49 Archdale Street, #1F

Authorized Charleston, SC 29401

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.

CT Morris

Signature of an authorized person

Charles T. Morris

Typed or printed name of signer

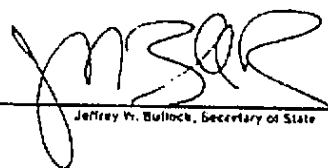
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIDGENET INSURANCE AGENCY, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2019.




Jeffrey W. Bullock, Secretary of State

6767743 8300

SR# 20198718009

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

Authentication: 204254391

Date: 12-18-19