M20000004321

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer: 5/6/20 Peacewed Cert of fact.					
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04/23/20--01016--001 **130.00



COVER LETTER

	istration Section ision of Corporations	
	\mathcal{L}	1-
SUBJECT:	Bruner Holo	LINGS LLC
	Name o	f Limited Liability Company
The enclosed Existence, an	"Application by Foreign Limited Liability Cod check are submitted to register the above reference."	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the	he following:
	Azar	Bruner
		Name of Person
•	Bruner	Holdings LLC Firm/Company
		Pinia Company C
	Z33\ N	Ridge View Rd
	Arlington	State and Zip Code Omal. com ed for future annual report notification)
	Δ.	
	Hzar. bruner (al gmail.com .: 8
	E-mail address: (to be us	ed for suture annual report notification)
For further in	formation concerning this matter, please call:	
	Azar Bruner	at (57) 35\ 3084 = 5
	Name of Contact Person	Area Code Daytime Telephone Number
<u>Mai</u>	ling Address:	Street Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section
		Division of Corporations
		The Centre of Tallahassee
		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	osed is a check for the following amount: se make check payable to: FLORIDA DEPAR	RTMENT OF STATE
	125.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}}}}} \simenimen\signtiftity}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sinq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\	\$\square\$ \$155.00 Filing Fee & \square\$ \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECT. COMPANY TO TRANSACT BUS	INESS IN THE STATE OF FLO	ORIDA:				
1. Blu	Nel Hold imited Liability Company: must	ings L	-C			·
(Name of Foreign L	imited Lability Company; must	include "Jamited Liability	Company," "L.L.C.,"	or "LLC.")		
(If name unavailable, enter alternate na	me adopted for the purpose of transac	cting business in Florida The	alternate name must inclu	de "Limited Liabil:	ity Company," "L	L C," or "LLC.")
2]//LSINI	/) ch foreign limited liability company	3.	202	-612-	661	
(Jurisdiction under the law of whi	ch foreign limited liability company	is organized)		(FEI number, i	f applicable)	
4	$\mathcal{N}A$	-				
	(Date first transacted business in (See sections 605 0904 & 605.09	Plorida, if prior to registration 905, F.S. to determine penalty	i) liability)			
5. 2331 U. (Street Address of Principal Office)	idpoview Rd	6.	(Mailing Address))		
5. 2331 W. (Street Address of Principal Office) Actionstan	1/a 22207	_				
34 . 54					20	
7. Name and street address	of Florida registered agen	nt: (P.O. Box <u>NOT</u> :	acceptable)		W -7	FILE
Name:	Mary S 9543 1	. Chat	eram		AN SO O	0
Office Address:	9543 1	N Park	Village	D	_	
	Tampa	Cny)	, Florida _	3362 (Zip code)	. 6	
Registered agent's accepta Having been named as reg designated in this applicati to comply with the provisio and accept the obligations	istered agent and to accep on, I hereby accept the ap ns of all statutes relative t	ppointment as registe to the proper and co.	ered agent and agi	ree to act in t	his capacity.	I further agre
-		Registered agent's signature)	Maten	<u> </u>		

M2000004321

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: Aral Bunca	□Manager	Name:
□Member	Address: 233/ N. Rigeliew	□Member	Address:
Authorized	Rd	□Authorized	
Person	Arlington, VA. 2005]	Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		Other	;□Othen
			· · · · · · · · · · · · · · · · · · ·
□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. 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

AZAL Source

Typed or printed name of signee

Common bowalth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Bruner Holdings LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on March 30, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 5, 2020

Joel H. Peck, Clerk of the Commission

CERTIFICATE NUMBER: 2020050514424417





April 27, 2020

AZAR BRUNER BRUNER HOLDINGS LLC 2331 N RIDGEVIEW RD ARLINGTON, VA 22207 US

SUBJECT: BRUNER HOLDINGS LLC

Ref. Number: W20000041174

We have received your document for BRUNER HOLDINGS LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 120A00008637

Laura D Chang Regulatory Specialist II

5/6/20 Received Cert of Pact. WC