

M20000009294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

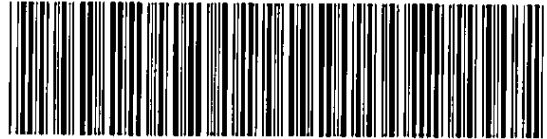
(Document Number)

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RECEIVED  
2020 OCT 16 PM 2:14  
FILE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2020 OCT 16 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

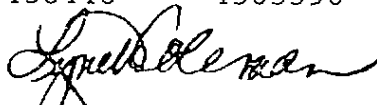
OCT 16 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 458448 4305390

AUTHORIZATION :



COST LIMIT : \$ 125.00

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ORDER DATE : October 15, 2020

ORDER TIME : 11:45 AM

ORDER NO. : 458448-005

CUSTOMER NO: 4305390  
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FOREIGN FILINGS

NAME: BRANDON BRODERICK, ESQ., LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

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. BRANDON BRODERICK, ESQ., LLC

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

2. New Jersey

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 30-0663698000

(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. 65 East Route 4, 1st Fl.

(Street Address of Principal Office)

6. 65 East Route 4, 1st Fl.

(Mailing Address)

River Edge, New Jersey 07661

River Edge, New Jersey 07661

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

Name: Robert J. Johnson

Office Address: 1211 Tech Blvd., Suite 112

Tampa

(City)

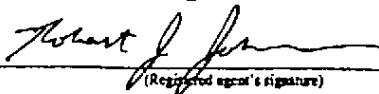
Florida

33619

(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.



(Registered agent's signature)

Robert J. Johnson

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Brandon J. Broderick</u>	<input type="checkbox"/> Manager	Name: <u>Robert J. Johnson</u>
<input type="checkbox"/> Member	Address: <u>65 East Route 4, 1st Fl</u>	<input checked="" type="checkbox"/> Member	Address: <u>1211 Tech Blvd., Suite 112</u>
<input type="checkbox"/> Authorized	<u>River Edge, New Jersey 07661</u>	<input type="checkbox"/> Authorized	<u>Tampa, Florida 33619</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brandon J. Broderick</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>65 East Route 4, 1st Fl</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>River Edge, New Jersey 07661</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Brandon J. Broderick, Manager

Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

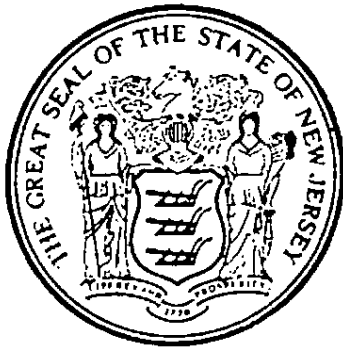
**BRANDON BRODERICK, ESQ., LLC**  
0600369333

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 25, 2011.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**BRANDON BRODERICK, ESQ**  
65 EAST ROUTE 4  
1ST FLOOR  
RIVER EDGE, NJ 07661



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
15th day of October, 2020*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

**Elizabeth Maher Muoio**  
State Treasurer

Certificate Number : 6111957259

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)