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## Foreign Limited Liability Company Twentybridge LLC

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December 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MYLL.COM, INC.

SUBJECT: TWENTYBRIDGE LLC

REF: W20000143767

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H20000428820 Regulatory Specialist II Supervisor Letter Number: 920A00025532 Registration Section

P.O BOX 6327 - Tallahassee, Florida 32314

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

Wentybridge LLC (Name of Forcign	Limited Liability Company; must include "Li	mited Liability Co	mpany," "L.L.C.," or "LLC.	<del>")</del>	
•		·		•	
nie umavailablo, enici alternate	name adopted for the purpose of transacting business	in Florida. The altern	ule same must include "Limited	Lisbility Company,"	"L L.C,"
lew York		. 46	-3312523		
(Jurisdiction under the law of v	vilich foreign limited liability company is organized)	J. <u>1</u>		mber, if applicable)	200
				<i>i -</i> -	13
Jpon Registration				$\sim$	品
- E - 11 1 2 2 2 2 2 2 2 2 2 2 2 1 1	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to de	or to registration.)		<del></del> . :	DEC 2
	(Get sections and Asset of Annia (A), U.S. 10 or	афтине рениту лист	··/)		22
3880 Dulles Corner	r Ln #300	6. P(	D Box 1263 (Mailing Address)	•	70
t Address of Principal Office)		·	(Mailing Address)	•-•	=
		_			4: 1:
Herndon, Virginia 20171		Ca	marillo, California 9	93011-1263	<del>-6-</del>
<del></del>					
	ss of Florida registered agent: (P.O. 1	 Box <u>NOT</u> secc	ptuble)	<del></del>	
	ss of Florida registered agent: (P.O. 1	Box <u>NOT</u> seco	ptable)		
	ss of Florida registered agent: (P.O. 1	 Box <u>NOT</u> sccc	ptuble)		
	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> seco	ptable)		
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Vame and street addres	InCorp Services, Inc.	Box <u>NOT</u> seco	ptuble) , Florida 33470		

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	Anderson	on behalf of Incorp	Services,	Inc.
(Regimered agant's signature)		<u> </u>		

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:	<u>i</u>	Name and Address;
Manager	Name: Sharon deMonsabert	□Manager	Name:	
□Member	Address: 13880 Dulles Corner Ln #300	□Member		
□Authorized	Herndon, Virginia 20171	□Authorized		. ·
Person		Person		
□Other	Other	Other		□Other_ <u>~</u>
□Manager	Name:	□Manager	Name;	
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
☐ Authorized		□Authorized	<del></del>	
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.

Digitally signed by Sturen deMonasteri
DN cresharon deMonasteri, osAEM Corporation,
out-Provident, email-sea many bent @ sensorp.com, coUS
Detc. 2020 (1215) (205-41-05 COT

Signature of an authorized person

Sharon deMonsabert

Typed or printed name of signes

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## State of New York **}** ss: **Department of State**

I hereby certify, that TWENTYBRIDGE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/21/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my band and the official seal of the Department of State at the City of Albany, this 03rd day of December two thousand and twenty.

Braden C Hylan

Brendan C Hughes

Executive Deputy Secretary of State

**井外** \*