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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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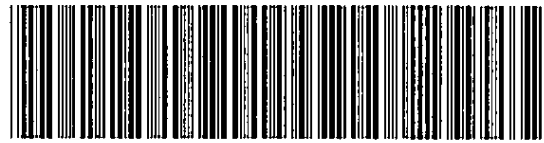
(Business Entity Name)

(Document Number)

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June 3, 2021

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: North Bridge Connect, LLC  
**Foreign Entity Filing**  
**Entity Number in Nevada: E11657222021-3**  
**NV Business Id: NV20211991682**  
Initial DOS Filing Date in Nevada: 1/14/2021

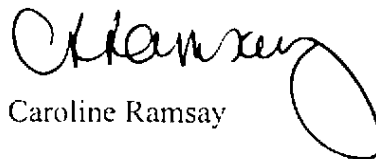
To Whom It May Concern:

In reference to the above-described matter, we would like to register a Foreign limited liability transaction in order to transact business in Florida. Enclosed, please find the certificate of existence from the Nevada, Department of State, along with the application, and check # 12487 in the amount of \$125.00 to complete this request. Please forward any further correspondence regarding the matter to my attention:

Crabtree Law Group  
Attn: Caroline Ramsay  
8777 San Jose Boulevard, Bldg. A, Suite 200  
Jacksonville, FL 32207

If you should have any questions in regard to this matter, please do not hesitate to contact our office at 904-732-9701 or you can email [crr@crabtreefirm.com](mailto:crr@crabtreefirm.com). Thank you for your help with this matter.

Sincerely,

  
Caroline Ramsay

crr  
Enclosure

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** North Bridge Connect, 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:

Girmai Gebrehiwet

Name of Person

North Bridge Connect, LLC a Nevada limited liability company

Firm/Company

15576 7th E Avenue

Address

Aurora, CO 80011

City/State and Zip Code

iccdcn@yahoo.com

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

For further information concerning this matter, please call:

Girmai Gebrehiwet

720

629-2630

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. North Bridge Connect, 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. Nevada 3. 86-1464719  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 4625 West Nevso Drive, Suites 2 & 3  
(Street Address of Principal Office)  
Las Vegas, NV 89103

6. 4625 West Nevso Drive, Suites 2 & 3  
(Mailing Address)  
Las Vegas, NV 89103

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

Name: Solomon Siyoum

Office Address: 7331 Buckskin Trail North

Jacksonville, Florida 32277  
(City) (Zip code)

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CLERK OF DISTRICT COURT  
JACKSONVILLE, 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.*

  
(Registered agent's signature)

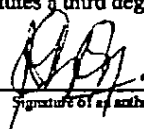
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Girmai Gebrehiwet</u>	<input checked="" type="checkbox"/> Manager	Name: <u>HARNET TSEGHE</u>
<input type="checkbox"/> Member	Address: <u>15576 7th E Avenue</u>	<input type="checkbox"/> Member	Address: <u>40 West 135th Street, Apt. 11U</u>
<input type="checkbox"/> Authorized	<u>Aurora, CO 80011</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10037</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Alula Berhane</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Eden Tekle</u>
<input type="checkbox"/> Member	Address: <u>1661 Rockybend Drive</u>	<input type="checkbox"/> Member	Address: <u>934 W. Cuyler Avenue, Unit #1</u>
<input type="checkbox"/> Authorized	<u>Sacramento, CA 95833</u>	<input type="checkbox"/> Authorized	<u>Chicago, IL 60613</u>
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 authorized person  
 Girmai Gebrehiwet  
 \_\_\_\_\_  
 Typed or printed name of signer

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NORTH BRIDGE CONNECT, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/14/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/03/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202106031721609

You may verify this certificate  
online at <http://www.nvsos.gov>