

Ma21000011037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

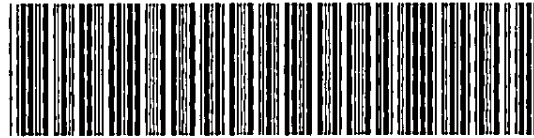
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200369520652

07/14/21--01013--013 \*\*125.00

FILED  
21 AUG 23 PM 3:14  
CLERK OF DISTRICT COURT  
FLORIDA

1034201  
-12m

Handwritten signature/initials

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Brook-Hollow Financial, 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:

Marneda Milhiser

Name of Person

Brook-Hollow Financial, LLC

Firm/Company

601 SOUTH PALAFOX STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

mmilhiser@brook-hollow.com

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

For further information concerning this matter, please call:

Elizabeth Rudolph

317

442-4444

at (\_\_\_\_\_)

Name of Contact Person

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



July 21, 2021

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314


RE: Brook-Hollow Financial, LLC  
Ref. Number: L2100022654

Ms. Rivers:

Pursuant to the attached correspondence, please accept this letter as notice and affirmation that Brook-Hollow Financial, LLC, hereby affirms its intent to dissolve the Florida LLC registered under the same name and thereby releases the entity name in order to register as a Foreign LLC in the State of Florida.

For any questions or concerns, please contact Marne Millhiser, VP of Compliance, at [mmillhiser@brook-hollow.com](mailto:mmillhiser@brook-hollow.com) or 850-860-0458.

Sincerely,



B.J. Etscheid  
CEO, Brook-Hollow Financial



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2021

MARNEDA MILHISER  
601 S PALAFOX ST  
PENSACOLA, FL 32502

SUBJECT: BROOK-HOLLOW FINANCIAL, LLC  
Ref. Number: W21000103420

We have received your document for BROOK-HOLLOW FINANCIAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 621A00016912

RECEIVED  
AUG 23 2021

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. Brook-Hollow Financial, 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. (FEI number, if applicable)

4. March 1st, 2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 601 SOUTH PALAFOX STREET  
(Street Address of Principal Office)

6. 601 SOUTH PALAFOX STREET  
(Mailing Address)

PENSACOLA, FL 32502

PENSACOLA, FL 32502

7. Name and street address of Florida registered agent: (P.O. Box NQT acceptable)

Name: Marneda Milhiser

Office Address: 601 SOUTH PALAFOX STREET

PENSACOLA

(City)

Florida

32502

(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.

Marneda M. Milhiser

(Registered agent's signature)

FILED  
21 AUG 23 PM 3:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: BJ Etscheid

☐ Member Address: 601 SOUTH PALAFOX STREET

☐ Authorized PENSACOLA, FL 32502

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

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.

*Marneda M. Milhiser*

Signature of an authorized person

Marneda Milhiser

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BROOK-HOLLOW FINANCIAL, 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 ELEVENTH DAY OF AUGUST, A.D. 2021.



4440107 8300

SR# 20212923170

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203878803

Date: 08-11-21