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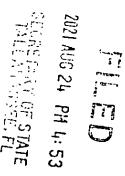
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COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUBJE	Bradley Liquidation Services LLC		
MODOL.		Name of Limited Liability Company	
		lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.	
Please r	eturn all correspondence concerning this mat	ter to the following:	
	Nancy Rossell		
	-	Name of Person	
	Bradley Liquidation Services, LLC		
	.	Firm/Company	
	414 Seymore St.	414 Seymore St.	
	 	Address	
	West Newton ,PA 15089	West Newton ,PA 15089	
		City/State and Zip Code	
	nanceerossell@hotmail.com		
	E-mail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, pleas	e call:	
Nancy Rossell		724 331-8914	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount Please make check payable to: FLORIDA (\$\subseteq \text{S125.00 Filing Fee} \subseteq \text{\mathbb{S}} \\$130.00 Filing Certific	DEPARTMENT OF STATE	

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

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Bradley Liquidation Services, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter aftermate name adopted for the purpose of transacting business in Florida. The aftermate name must include "Limited Liability Company," "L.L.C," or "L.L.C," o Pennsylvania (FEI number, if applicable) (Jurisdiction under the kiw of which foreign limited liability company is organized) 6.4519 Atward Cay Circle
Same Suta, FL 34233 5. 4519 Atwood Cay Circle Istreet Address of Principal Office) Sarasott FL 34233 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Nancy Prossell

Office Address: US19 Atward Cay Carle

Sarasota Florida 34233 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

Many Wassell

Acquired agent's signature)

and accept the obligations of my position as registered agent.

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: Name: Nancy Kossel i**Ø**Manager Name: □ Manager
 Address: 4519 aprocal Lay Coule □Member □Member Address: □Authorized □ Authorized Person Person □Other □ Other □Other □Other Name: □ Manager ∏Manager □ Member Address: □ Member Address: □Authorized □ Authorized Person Person □ Other □Other___ □Other □Other_____ Name: □Manager Name: _____ ☐ Manager □Member ■ Member Address: 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. Nonindexed 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. Ham / boall

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/07/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Bradley Liquidation Services, Limited Liability Company

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COUNTY OF

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TML210707JF0493-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify