

M210000/5729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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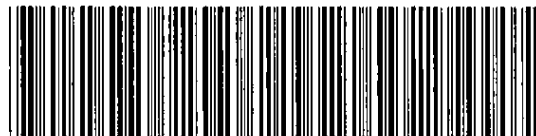
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV 22 PM 2:15
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K. SALY
NOV 23 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 260094 8362946

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : November 19, 2021

ORDER TIME : 1:36 PM

ORDER NO. : 260094-005

CUSTOMER NO: 8362946

FOREIGN FILINGS

NAME: BROADRANGE TRANSPORTATION 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: Alexxis Weiland -- EXT#

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:

BROADRANGE TRANSPORTATION LLC

1. _____
(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.")

GEORGIA

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

3. 86-2234944
(FEI number, if applicable)

UPON REGISTRATION

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

9633 Oak Crossing Rd., Suite 400

9633 Oak Crossing Rd., Suite 400

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

Orlando, FL 32837

Orlando, FL 32837

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

Name: William D. Bowmar, III

Office Address: 963 Oak Crossing Rd., Suite 400

Orlando, Florida 32837
(City) (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.

William D Bowmar III
(Registered agent's signature)

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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: William D. Bowmar, III
☐ Member Address: 9633 Oak Crossing Rd.
☐ Authorized Suite 400
Person
Orlando, FL 32837
President
☐ Other ☐ Other

☐ Manager Name: Michael Day
☐ Member Address: 9633 Oak Crossing Rd.
☐ Authorized Suite 400
Person
Orlando, FL 32837
Vice President
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Susan C. Bowmar
☐ Member Address: 9633 Oak Crossing Rd.
☐ Authorized Suite 400
Person
Orlando, FL 32837
☐ 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.

William D Bowmar III
Signature of an authorized person

William D Bowmar III
Typed or printed name of signer

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STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Broadrange Transportation LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22088469
Date Inc/Auth/Filed: 10/11/2019
Jurisdiction : Georgia
Print Date : 11/22/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State