

3/8/22, 5:00 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000088413 3)))



H220000884133ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP
Account Number : I20060000021
Phone : (561)833-9800
Fax Number : (561)655-5551

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rpollard@brightsidepartnersllc.com

**Foreign Limited Liability Company
BRIGHTSIDE ADVISORY PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

S. FRANKLIN

MAR 10 2022

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000088413 3)))

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Brightside Advisory Partners, 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 3. 84-3653684
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Registration
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0601 & 605.0605, F.S. to determine penalty liability)

5. 6300 Blair Hill Lane
(Street Address of Principal Office)
Suite 302
Baltimore, MD 21209

6. 6300 Blair Hill Lane
(Mailing Address)
Suite 302
Baltimore, MD 21209

2022 MAR -9 AM 11:04

FILED

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Tyler Ciminillo
(Registered agent's signature)

(((H22000088413 3)))

(((H22000088413 3)))

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 type="checkbox"/> Manager	Name: <u>Pace Kessenich</u>	<input type="checkbox"/> Manager	Name: <u>Ryan Pollard</u>
<input checked="" type="checkbox"/> Member	Address: <u>6300 Blair Hill Lane</u>	<input checked="" type="checkbox"/> Member	Address: <u>6300 Blair Hill Lane</u>
<input type="checkbox"/> Authorized	<u>Suite 302</u>	<input type="checkbox"/> Authorized	<u>Suite 302</u>
Person	<u>Baltimore, MD 21209</u>	Person	<u>Baltimore, MD 21209</u>
<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 _____
 <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.

Ryan Pollard
 Signature of an authorized person

Ryan D Pollard
 Typed or printed name of signer

(((H22000088413 3)))

2022 MAR -9 AM 11:04

((H22000088413 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BRIGHTSIDE ADVISORY PARTNERS, 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 EIGHTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.

2022 MAR -9 AM 11:04
JWB:WJL



7542953 8300

SR# 20220912418

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JWB", 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: 202848992

Date: 03-08-22