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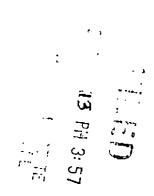
(Requ	uestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Annmarie W. Bonanno, Paralegal Phone and Fax. (610) 337-5585 Email; abonanno@campbellroccolaw.com

April 12, 2022

## VIA OVERNIGHT DELIVERY

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

RE: Registration of Foreign Limited Liability Company Bryemere 9, LLC

To the Registration Section.

Enclosed for filing please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of our client, Bryemere 9, LLC. Also enclosed is a Pennsylvania Subsistence Certificate (Good Standing), and Check No. 1455 for filing fees. Please return a filed copy to our office in the enclosed Federal Express envelope.

Thank you for your consideration in this matter

Very truly yours.

Annmarie W. Ronanne

/awb

### **COVER LETTER**

TO:

**Registration Section** 

Div	vision of Corporations				
SUBJECT:	Bryemere 9, LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please return	n all correspondence concerning this matter to	o the following:			
	Annmarie W. Bonanno				
		Name of Person			
	Campbell Rocco Law, LLC				
	Firm/Company				
	2701 Renaissance Boulevard, 4th Floor	г			
	Address				
	King of Prussia, PA 19406				
	C	ity/State and Zip Code			
	abonanno@campbellroccolaw.com				
	E-mail address: (to be	used for future annual report notification)			
For further is	nformation concerning this matter, please cal	ıl:			
An	nmarie W. Bonanno	610 337-5585 at ( )			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
	vision of Corporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee	e & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate			

## 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:

L. Bryemere 9, LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "L.L.C.")		
= -		<u> </u>		
If name unavailable, enter alternate r	iame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liah	ulity Company," "L.L.C," or "LLC.")	
Pennsylvania		3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (PEl number, il applicable)		
1. <u> </u>	(Date first transacted business in Florida, if print to r	Autoritation )	<del></del>	
	(See sections 605 0904 & 605,0905, F.S. to determine	re penalty liability)		
201 King of Prussia Road		201 King of Prussia Road		
Street Address of Principal Office)		6. (Mailing Address)		
Suite 501		Suite 501		
Radnor, PA 19087		Radnor, PA 19087		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
			, ,	
	CT Corporation System		• •	
Name:			· ·	
	1200 South Pine Island Road			
Office Address:				
	Plantation	33324 , Florida	- 3: 58 - E	
	(Cuy)	(Zip code)	— ' #i 86	

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.

Joseph Davis, Assistant Secretary
(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: J. Brian O'Neill Name: □Manager Name: \_\_\_\_\_ ■ Manager 201 King of Prussia Road Address: \_\_\_ Address: ☐ Member ☐ Member Suite 501 ☐ Authorized □ Authorized Radnor, PA 19087 Person Person □Other \_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_\_ Name: \_\_\_\_\_ Name: □Manager □ Manager □Member Address: □Member Address: \_\_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_\_ ☐Other\_\_\_\_\_ \_\_\_\_ Other\_\_\_ Other Name: \_\_\_\_\_\_ □Manager Name: □ Manager □Member Address: \_\_\_\_ □Member 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. Signature of an authorized person J. Brian O'Neill

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

04/12/2022

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Bryemere 9, LLC

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 COARD OF TH

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: TSC220412142193-1

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