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| (D                      | ocument Number)     |           |
| Certified Copies        | _ Certificates      | of Status |
| Special Instructions to | Filing Officer:     |           |
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97/13/22--01007--014 \*\*160.00

COVER LETTER

### TO: Registration Section Division of Corporations

Bridgeport Equities LLC

SUBJECT:

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:

Angel Santos Name of Person Bridgeport Equities LLC Firm/Company 1000 LAFAYATTE BLVD, SUITE 1120 Address BRIDGEPORT, CT 06604 Ċ City/State and Zip Code Q H thesantosgroup@gmail.com E-mail address: (to be used for future annual report notification) л N For further information concerning this matter, please call: Angel Santos 914 884-7542 at (\_\_\_ Name of Contact Person Daytime Telephone Number Area Code Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Tallahassee, FL 32314

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

# IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

### 1 Bridgeport Equities LLC

| lt name unavailable, enter alternate n            | ame adopted for the purpose of transacting business in Fle   | rida. The alternate name must include "Limited Li | ability Company," "L.L.C," or "ELC.") |
|---|--|---|---------------------------------------|
| Connecticut<br>2. Jurisdiction under the law of w | hich foreign limited liability company is organized)   | 3il Et numb                                       | ber, il applicable i                  |
| 7/08/2022   | these for a summary of his specify in Elevents of the control  |   |                                       |
|   | (Date first transacted business in Florida, it prior to r<br>(See sections 605.0904 & 605.0905, F.S. to determin | e penahy liability)                               |                                       |
| 1000 LAFAYATTE B<br>5                             | LVD  | 1000 LAFAYATTE BLVD<br>6                          | )                                     |
| SUITE 1120  |  | SUITE H20   |                                       |
| BRIDGEPORT, CT 06                                 | 604  | BRIDGEPORT, CT 06604                              |                                       |
| 7. Name and street addres                         | s of Florida registered agent: (P.O. Box   | <u>NOT</u> acceptable)                            |                                       |
| Name:   | Angel Santos   |   | 10:52                                 |
| Office Address:                                   | 3003 S Frontage Rd. Apt 296  | ······  |                                       |
|   | Plant City<br>(City)   | . Florida   |                                       |

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.

(Registered agent's signifure)

| Title or Capacity: | Name and Address:    | Title or Capacity: |                    | Name and Address:          |
|--------------------|----------------------|--------------------|--------------------|----------------------------|
| Manager            | Name: Angel Santos   | □Manager           | Name: Eph          | raim Brennan               |
| ⊡Member            | Address:             | Member             | 3.                 | 20 Robinson Avenue, St 229 |
| Authorized         | SUITE 1120           |                    | Newburgh, NY 12550 |                            |
| Person             | BRIDGEPORT, CT 06604 | Person             |                    |                            |
| Other              | Other                | DOther             |                    | □Other                     |
| □Manager           | Name:                | □Manager           | Name:              |                            |
| □Member            | Address:             | Member             | Address:           |                            |
| □Authorized        |                      | Authorized         |                    |                            |
| Person             |                      | Person             |                    |                            |
| Other              | Other                | □Other             |                    | □Other                     |
|                    |                      |                    |                    | - Q -                      |
| □Manager           | Name:                | Manager            | Name:              | 5 ×                        |
| □Member            | Address:             | Member             | Address:           |                            |
| □Authorized        |                      | □Authorized        |                    |                            |
| Person             |                      | Person             |                    |                            |
| □Other             | []Other              | 🗆 Other            |                    | Other                      |

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]:

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonndexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information mitted 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 11 Angel Santos Typed or printed name of signee

# Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: July 06, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

## **Business Details**

| <b>Business Name</b> | BRIDGEPORT EQUITIES LLC | · |
|----------------------|-------------------------|---|
| Business ALEI        | US-CT.BER:1314431       |   |
| Formation Date       | 07/02/2019              | ( |

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Secretary of the State

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