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(Requestor's Name)		
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(0.	A Ni sala A	
(LX	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	J. S.
	, <	Jan J

Office Use Only



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S. FRANKLIN OCT 12 2022

COVER LETTER

TO: Registration Section Division of Corporations	<i>6</i>	
SUBJECT: Brock Reilly, LLC		-
Nam	e of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	" Certificate of iness in Florida.
Please return all correspondence concerning this matter t	to the following:	
Brock Reilly	N	-
·	Name of Person	
_		
——————————————————————————————————————	Firm/Company	1557 (
2676 Hampton Park (Address	
	Address	1
Foley, AL 36535	City/State and Zip Code	 :
	City/State and Zip Code	· . ·
brock scilly@icloud.co	be used for future annual report notification)	- '2
E-mail address: (to b	be used for future annual report notification)	
For further information concerning this matter, please ca	all:	
Brock Reilly	at (ZS 1) 269 - Z334 Area Code Daytime Telephone Number	_
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division 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	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE S125.00 Filing Fee S130.00 Filing Fee Certificate	ce & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee	e, Certificate ertified Copy

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: 1. Brock Reilly LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Brock Reilly, LLC
(Ill 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 "L. 2. Alabama
(Diresdiction under the law of which foreign limited liability company is organized) (Date first transacted bisiness in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 6. 2676 Hampton Park Cir ~ (Mailing Address)

Foley, AL 36535 5 13578 Reveido Key DV (Street Address of Principal Office) Pensacola, FL 32507 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Brock Reill-1 Name: Office Address: 13578 Pudido Key Dr

Pensacola . Florida 32507
(City) (Zipcode) 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 vignature)

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: Name and Address: Title or Capacity: Name: Brock Feill 4 □Manager Name: _____ □Мападег Address: 2676 Hampton Park (ir ☐ Member Address: □ Member Foley. AL 36535 □ Authorized ☐ Authorized Person Person □Other_ □Other □Other □Other □Manager Name: _____ Name: ____ □Manager Address: _____ Address: ______ ☐ Member □Member □ Authorized □ Authorized Person Person Other____ □Other Other___ □Other ____ □Manager Name: ______ □Manager Address: _____ □Member Address: □Member □ 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. Frack Reilly

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that BROCK REILLY, LLC was formed in Alabama, Alabama on July 27, 2022. The Alabama Entity Identification number for this entity is 001-031821. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

25.31.13. L- 1000



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/04/2022

Date

X. W. Merill

John H. Merrill

Secretary of State





September 25, 2022

BROCK REILLY 2676 HAMPTON PARK CIR FOLEY, AL 36535 US

SUBJECT: BROCK REILLY, LLC Ref. Number: W22000121828

We have received your document for BROCK REILLY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 422A00021348

RECEIVED