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(Req	uestor's Name)				
(Add	ress)				
(Addı	ress)				
(City/	/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Busi	iness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Sta	tus			
Special Instructions to F	iling Officer:	143			
	M25.13				

Office Use Only



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S. FRANKLIN
DEC _ 8 2022

COVER LETTER

Registration Section

TO:

JECT:Nan	ne of Limited Liability Company	_
	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	
e return all correspondence concerning this matter	to the following:	
Ryan Ogden		
	Name of Person	-
BRD, LLC		
	Firm/Company	_
1869 Lake Markham Preserve Trail		
	Address	-
Sanford, FL 32771		1021 6: 5
(City/State and Zip Code	بر. م
ryan_ogden@hotmail.com		C
E-mail address: (to b	e used for future annual report notification)	_
urther information concerning this matter, please ca	ill:	
Ryan Ogden	407 399-1253	
Name of Contact Person	Area Code Daytime Telephone Number	_
Mailing Address: Registration Section	Street Address: 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	
	Tallahassee, FL 32303	

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:

BRD, LLC					
	Limited Liability Company; must include "Limited	d Liability	y Company," "L.L.C.," or "LLC.")		
BRD3, LLC					
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida l'he	alternate name must include "Limited Liability	Company," "L.L.C," or "LLC	
Delaware			88-2506423		
(Jurisdiction under the law of which foreign limited liability company is organized)		J.	(FEI number, if applicable)		
1					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ine penalty	ı.) Hability i	-	
1869 Lake Markham Preserve Trail 5. Street Address of Principal Office)			1869 Lake Markham Preserve Trail		
Street Address of Principal Office)		٧.	(Mailing Address)		
Sanford, FL 32771			Sanford, FL 32771		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)	8	
			• ,	7	
	Ryan Ogden			5.	
Name:				10	
Office Address:	1869 Lake Markham Preserve Trail				
	Sanford		32771 Florida		
	(Cuy)		(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.

Begistered 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]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
■Manager	Name: Ryan Ogden	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
□Member	Address:	□Member	Address:	
□Authorized	1869 Lake Markham Preserve Trail	□Authorized		
Person	Sanford, FL 32771	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		~
Person		Person		2572 01
Other	Other	□Other		Other
				8 P.
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	<u> </u>	□Authorized		
Person		Person		
□Other	Other	Other		□Other

<u>Important Notice:</u> 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.

Signature of an authorized person

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRD, 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 TWENTY-THIRD DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRD, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2022.

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

RECEIVED OF THE PROPERTY OF TH



Authentication: 204927088

Date: 11-23-22

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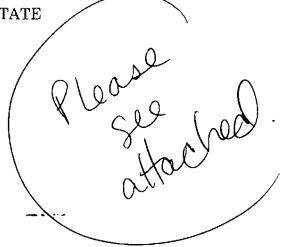
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2022

RYAN OGDEN 1869 LAKE MARKHAM PRESERVE TRAIL SANFORD, FL 32771 US

SUBJECT: BRD, LLC

Ref. Number: W22000121793



We have received your document for BRD, 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: 422A00021339

RECFIVED