

12/20/22, 10:43 AM

Division of Corporations

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Foreign Limited Liability Company J. BRUNO HOLDINGS LLC

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HelpS. ROBERTS

DEC 21 2022

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

J. BRUNO HOLDINGS LLC

1. _____
(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")
DELAWARE 92 1374681

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (If FI number, if applicable)

DECEMBER 16, 2022

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.09(1) & 605.09(15), F.S., to determine penalty liability)
14311 BISCAYNE BLVD., #1154, MIAMI, FL. 14311 BISCAYNE BLVD., #1154, MIAMI, FL.
33261-1154 33261-1154
5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

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

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: _____ Rachel O'Connor, Assistant Secretary
(Registered agent's signature)

2022 DEC 20 PM 1:10

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 checked="" type="checkbox"/> Manager	Name: <u>Dario Carnevale</u> Address: <u>14311 Biscayne Blvd. #1154</u> <u>Miami, FL 33261-1154</u>	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input checked="" type="checkbox"/> Member		<input type="checkbox"/> Member	
<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: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member		<input type="checkbox"/> Member	
<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: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member		<input type="checkbox"/> Member	
<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.

Dario Carnevale

Signature of an authorized person

Dario Carnevale

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "J. BRUNO HOLDINGS 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 NINTH DAY OF DECEMBER, A.D. 2022.

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



5524551 8300

SR# 20224230334

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

Authentication: 205059891

Date: 12-09-22