

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M230000/1349

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company

BRUCE MEIER LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**FILED**

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K. SALY

SEP - 5 2023

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: BRUCE MEIER LLC

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:

LOVETTE DOBSON

Name of Person

Firm Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at (1)

888-462-3453

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. BRUCE MEIER LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New Jersey 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FE number, if applicable)4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)5. 6832 Holly Heath Drive 6. 6832 Holly Heath Drive
(Street Address of Principal Office) (Mailing Address)Riverview, FL 33578 Riverview, FL 335787. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: REPUBLIC REGISTERED AGENT LLCOffice Address: 1150 Nw 72nd Ave Tower I Ste 455Miami, Florida 33126
(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.*Wesley Dolan
(Registered agent's signature)

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6. Enter the following information for each of the primary members, managers or persons authorized to report on behalf of the corporation:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name <u>Bruce Meier</u>	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized Person	<u>6832 Holly Heath Drive</u> <u>Riverview, FL 33578</u>	Authorized Person	_____
Other	Other _____	Other	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized Person	_____	Authorized Person	_____
Other	Other _____	Other	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized Person	_____	Authorized Person	_____
Other	Other _____	Other	Other _____

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SEP 11 2023
RIVerview, FL

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

6. If a document 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, all the certificates in a foreign language, a translation of the certificate into English must be submitted.

7. If a document is executed in accordance with section 63.026, Florida Statutes, I am aware that any false information provided in the Department of State constitutes a misdemeanor felony as provided for in s. 817.33, F.S.

Bruce Meier

Bruce Meier

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STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

((H23000304677 3)))

BRUCE MEIER LLC
0450984907

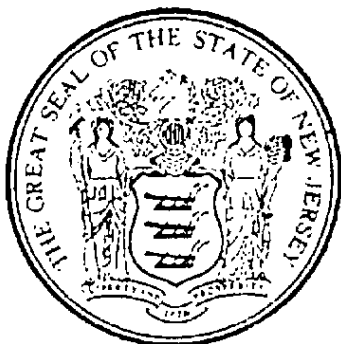
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 19, 2023.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

BRUCE MEIER
38 JOHN ST
APT 2B
BLOOMFIELD, NJ 07003

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IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
31st day of August, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6146197016

Verify this certificate online at:

https://www1.state.nj.us/TYTR_StandingCert.JSP/Verify_Cert.jsp

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