

M 24000005455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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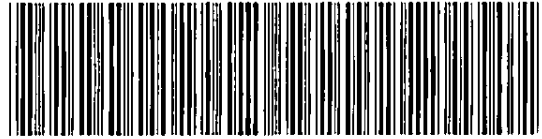
(Business Entity Name)

(Document Number)

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2024 APR 29 AM 11:58  
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TALLAHASSEE, FL

19



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
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Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 04/29/2024

Name: Patrice Rush

Reference #: 2342338

Entity Name: BEAR & BRAXTON HOLDINGS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other PLEASE PROVIDE CERTIFIED COPY

Authorized Amount: \$155.00

Signature: 



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Signature: 

**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. Bear & Braxton Holdings, LLC  
(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.")

2. Delaware 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>750 S. Texas Avenue</u> (Street Address of Principal Office)	6. <u>750 S. Texas Avenue</u> (Mailing Address)
<u>Suite 1328</u>	<u>Suite 1328</u>
<u>Orlando, FL 32805</u>	<u>Orlando, FL 32805</u>

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

Name: Cogency Global Inc.

Office Address: 115 N. Calhoun Street, Suite 4

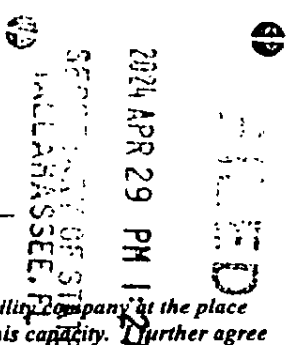
Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

/s/ Xavian Brown Assistant Secretary

(Registered 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]:

<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: Timothy Brown, Jr.	<input checked="" type="checkbox"/> Manager	Name: Karon Cannon
<input checked="" type="checkbox"/> Member	Address: 750 S. Texas Avenue	<input type="checkbox"/> Member	Address: 750 S. Texas Avenue
<input type="checkbox"/> Authorized	Suite 1328	<input type="checkbox"/> Authorized	Suite 1328
Person	Orlando, FL 32805	Person	Orlando, FL 32805
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Kaleb B. Brown	 <input type="checkbox"/> Manager	 Name: Bailey Brown
<input type="checkbox"/> Member	Address: 750 S. Texas Avenue	<input type="checkbox"/> Member	Address: 750 S. Texas Avenue
<input type="checkbox"/> Authorized	Suite 1328	<input type="checkbox"/> Authorized	Suite 1328
Person	Orlando, FL 32805	Person	Orlando, FL 32805
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Lola Fernandez	 <input type="checkbox"/> Manager	 Name:
<input type="checkbox"/> Member	Address: 750 S. Texas Avenue	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Suite 1328	<input type="checkbox"/> Authorized	
Person	Orlando, FL 32805	Person	
<input checked="" type="checkbox"/> Other Secretary	<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.

/s/ Timothy Brown, Jr.

Signature of an authorized person

Timothy Brown, Jr.

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 "BEAR & BRAXTON 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEAR & BRAXTON HOLDINGS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2020.

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



3882739 8300

SR# 20241696772

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203346853

Date: 04-26-24