

M24000010361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

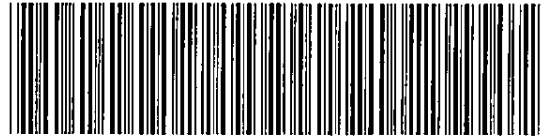
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-113208

Office Use Only



600428911476

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2024 AUG -9 PM 5:37

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OFFICE OF THE  
CLERK OF THE  
COURT

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2024 AUG -9 PM 1:53

STATE OF  
ALABAMA  
TALLAHASSEE, FLORIDA

AUG 13 2024

K. Brumbley

MS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2024

FLORIDA FILING

SUBJECT: BRUMIDI GROUP LLC  
Ref. Number: W24000113208

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

The total penalty fees due according to the date in the document is \$777.50 plus the filing fee of \$70.00 making the total amount for authorization from your account \$847.50,

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 524A00017772

*Sorry! Realized this is a LLC so did 125 Filing fee as it should be. Please keep original filing date*

*Thank you!*

RECEIVED  
2024 AUG 13 PM 12:05  
DIVISION OF CORPORATIONS

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 08/13/2024**

**NAME: BRUMIDI GROUP LLC**

**TYPE OF FILING: APPLICATION**

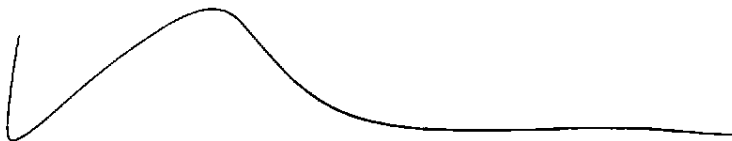
**COST: 125.00 + 777.50 = 902.50**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Brumidi Group 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:

Charles Cooper

\_\_\_\_\_  
Name of Person

Brumidi Group LLC

\_\_\_\_\_  
Firm/Company

221 10th Street SE

\_\_\_\_\_  
Address

Washington, DC 20003

\_\_\_\_\_  
City/State and Zip Code

ccooper@brumidigroup.com

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

For further information concerning this matter, please call:

Charles Cooper

202

997-1236

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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. Brimidi Group 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. November 22, 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 221 10th Street SE  
(Street Address of Principal Office)

6. 221 10th Street SE  
(Mailing Address)

Washington, DC 20003

Washington, DC 20003

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

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.

Please see attached.

\_\_\_\_\_  
(Registered agent's signature)

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AND  
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TALLAHASSEE, FLORIDA

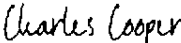
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Charles Cooper	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 221 10th Street SE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Washington, DC 20003	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: Madeline Wade	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 221 10th Street SE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Washington, DC 20003	<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: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<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.

DocuSigned by:  
  
 2579E068CD0A4FC  
 \_\_\_\_\_  
 Signature of an authorized person  
 Charles Cooper  
 \_\_\_\_\_  
 Typed or printed name of signee

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

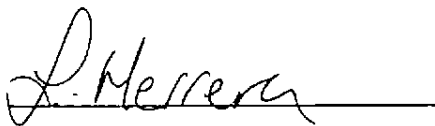
**DATE:** 08/09/2024

**ENTITY NAME:** Brumidi Group LLC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRUMIDI GROUP 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 AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRUMIDI GROUP LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2022.

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



6836047 8300

SR# 20243370976

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 "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204125503

Date: 08-09-24