# M990000008

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CAPITOL SERVICES PARALEGAL & ATTOR	d/b/a NEY SERVICE BUREAU, INC.		
(Requestor's Nam	ne)	·-	
1406 Hays Street,	Suite 2		
(Address)			
Tallahassee, FL		OFFICE USE ONLY	
(City, State, Zip)	(Phone #)		
		<b>7000027</b> -01/04/ ******	<b>°28717</b> ——5 9901039008 3.75 *****43.75
		<u> </u>	<sup>1</sup> 28717——9 99—01039—009 8.75 ****293.75
CORPORATION NAM	IE(S) & DOCUMENT NUM	BER(S) (if known):	
R	` .		<u>-</u>
1. Dronson +1	nancial, LLC	(Document #)	<del></del>
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(Corporati	on Name)	(Document #)	JAN OF
3. (Corporati			-+ CO.
. 1	on Name)	(Document #)	ORPO
4.			STZ ORA
(Corporat	ion Name)	(Document #)	TION:
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Mail out V	Vill wait Photocopy	Certificate of Status	•
NEW FILINGS	AMENDMENTS	1000	G . 🗸 -
Profit	Amendment		1-0
NonProfit	Resignation of R.A., Officer	1 1	10156
Limited Liability	Change of Registered Agen	t Availabilit	
Domestication	Dissolution/Withdrawal	1. 643	
Other	Merger		R
		1 miles	12
OTHER FILINGS	REGISTRATION/ QUALIFICATION	s a gran	10
Annual Report		and the same	ement
Fictitious Name	Foreign	الارجان على الماركان	
Name Reservation	Limited Partnership		
The state of the s	Reinstatement		

Trademark

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bronson Financial, LLC Name of foreign limited liability company mu so contained in the name at present.)	st end with the wo	rds "limited company" or their abbrev	viation "L.C." if not
New York	3.	13-4035538	
furisdiction under the law of which foreign lin ompany is organized)	nited liability	(FEI number, if applic	cable)
9/28/98	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability con exist or "perpetual")	mpany will cease to
Upon the effective date of fi	ling with th	e Department of State	
(Date first transacted business	in Florida. (See se	ctions 608.501, 608.502, and 817.15.	5, F.S.)
16 East 52nd Street, Suit	e 501		
New York, New York 10022			
	(Street address of	principal office)	
ist name, title, and business address of ill manage the foreign limited liability  NAME & ADDRESS:	f each managing company in F	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	r[MGR]who f necessary)  TITLE:
	company in F	orida: (attach additional page i	f necessary)
ill manage the foreign limited liability	company in F	orida: (attach additional page i	f necessary)
ill manage the foreign limited liability  NAME & ADDRESS:  Steven N. Bronson	company in F	orida: (attach additional page i	f necessary)
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)  TITLE:  99 JAN -4 PM 1:
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)  TITLE:  99 JAN -4 PH 1: 3
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)  TITLE:  99 JAN -4 PM 1: 3
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)  TITLE:  99 JAN -4 PM 1: 3
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)  TITLE:  99 JAN -4 PH 1: 3
NAME & ADDRESS:  Steven N. Bronson 16 E. 52nd St., Suite 501	company in F	orida: (attach additional page i	f necessary)  TITLE:  99 JAN -4 PM 1: 3

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having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member of authorized representative of a member of Diolison Fig.	nancial, LLC
certifies:	
1) the above named limited liability company has at least one member;	
	• •
2) the total amount of cash contributed by the member(s) is	\$ 3,500.00 ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>3,500.00</u> .
Signature of a member or an authorized representative of a mem (an accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Steven N. Bronson	SECRETARY OF STA
Typed or printed name of signee	ATE ATTIONS : 32

Filing Fee: \$250.00 for Application and Affidavit

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:	
	Bronson Financial, LLC	<del></del>
2.	The name and the Florida street address of the registered agent and office are:	
	United Corporate Services, Inc. (Name)	SECRET DIVISION 99 JAN
	801 Northeast 167th Street, Suite 300  Florida street address (P.O. Box NOT ACCEPTABLE)	FILED FRYOR OF CORP
	N. Miami Beach FL 33162	STATE ORATIONS 1 1:32
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

# State of New York Department of State

I hereby certify, that BRONSON FINANCIAL, LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 09/28/1998, and that the limited liability company is subsisting so far as shown by the records of the Department.

Witness my hand and the official seal of the Department of State at the City of Albany, this 29th day of December one thousand nine hundred and ninety-eight.

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