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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
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(Document Number)				
Certified Copies V Certificates of Status	—			
Special Instructions to Filing Officer:				
Special instructions to Fitting Officer.				
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Office Use Only				



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NATI AHASSEE, FLORIC

JÁN 2 5 2016 T. BROWM

COVER LETTER

TO:	Charter Section Division of Co			•		
SUBJ	Bryden Mar	nagement Corporation				
		Domestication	- ,			
		te of Conversion , Article Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.	
Please	e return all corres	pondence concerning this	s matter to:			
Franci	ie Comeau					
		Contact Person		-		
Bryde	n Management Co	rporation				
		Firm/Company		-		
709 A	ntalya Ct					
" -		Address		•		
Punta	Gorda, FL 33950					
		City, State and Zip Cod	е	-		
francie	e@andoversecuritie	es.com				
Ī	E-mail address: (t	to be used for future annu	ual report notifica	tion)		
For fu	rther information	concerning this matter,	please call:			
Franci	ie Comeau		at (508	326-9	482	
	Name of Co	ontact Person		ode and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
□ \$10	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified Co		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I	EET ADDRESS: Filings Section			New F	ING ADDRESS: ilings Section	
Division of Corporations				Division of Corporations		

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



January 4, 2016

FRANCIE COMEAU 709 ANTALYA CT PUNTA GORDA, FL 33950

SUBJECT: BRYDEN MANAGEMENT CORPORATION

Ref. Number: W1600000113

We have received your document for BRYDEN MANAGEMENT CORPORATION and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$15.00.

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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) 245-6052.

Letter Number: 016A00000050

Teresa Brown Regulatory Specialist II

www.sunbiz.org

30/6/AN/4. 15 CERTIFICATE OF DOMESTICATION The undersigned, Francie Comeau Treasurer (Name) (Title) of Bryden Management Corporation a foreign corpor (Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereby certify: 1. The date on which corporation was first formed was October 25 1986 2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Massachusetts 3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Bryden Management Corporation 4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Bryden Management Corporation 5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Massachusetts 6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801. , of Bryden Management Corporation I am Treasurer and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 11 day of January

Filing Fee:

Certificate of Domestication \$ 50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$ 128.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICE			
address is:			
<u>, </u>	Mailing address, if different is: 709 Antalya Ct		
	Punta Gorda, FL 33950		
is organized is:			
S AND/OR DIRECTORS			
S AND/OR DIRECTORS tt/Director Name an	d Title:		
nt/Director Name an	709 Antalya Ct		
Name an Address:	709 Antalya Ct		
nt/Director Name an	709 Antalya Ct		
Address:	709 Antalya Ct Punta Gorda, FL 33950 Robert Winer, Vice President/Director		
Address:	709 Antalya Ct Punta Gorda, FL 33950 Robert Winer, Vice President/Director		
Address:	709 Antalya Ct Punta Gorda, FL 33950 d Title: Robert Winer, Vice President/Director 9855 Broadview Terrace		
Address: y/Director Name an Address: Name an	709 Antalya Ct Punta Gorda, FL 33950 d Title: Robert Winer, Vice President/Director 9855 Broadview Terrace		
Address: Name an Address: Name an Address: Address: 33418	709 Antalya Ct Punta Gorda, FL 33950 d Title: Robert Winer, Vice President/Director 9855 Broadview Terrace Bay Harbor Island, FL 33154		
Address: Name an Address: Name an Address: Address: Address:	709 Antalya Ct Punta Gorda, FL 33950 d Title: Robert Winer, Vice President/Director 9855 Broadview Terrace Bay Harbor Island, FL 33154 Richard Winer/Director		
Address: 33418 y/Director Name an Address: 33418 cretary/Director Name an	Punta Gorda, FL 33950 Robert Winer, Vice President/Director 9855 Broadview Terrace Bay Harbor Island, FL 33154 Richard Winer/Director 24736 Calvert Street		
Address: Name an Address: 33418 y/Director Name an Address: 33418 cretary/Director	Punta Gorda, FL 33950 Robert Winer, Vice President/Director 9855 Broadview Terrace Bay Harbor Island, FL 33154 Richard Winer/Director 24736 Calvert Street		
-			

	<u>E VI REGISTERED AGENT</u>	
The <u>name</u>	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	Francie Comeau	
Address:	709 Antalya Ct	
	Punta Gorda, FL 33950	
<u>ARTICL</u>	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	Michael Winer	
Address:	6319 Brandon Street	
	Palm Beach Gardens, FL 33418	
******* Having be	**************************************	******** ice of process for the above stated corporation at the place designated in
this certifi	icate, I am familiar with and accept the appo	intment as registered agent and agree to act in this capacity
De	me yn. Com	/3/15/15 Date
	Required Signature/Registered Agent	Date
		d herein are true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.
	Mo Mine	
	Required Signature/Incorporator	Date