# F120000804028

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700240192377

10/01/12--01057--018 \*\*87.50

OCT -1 AMIL: 10
ANASSEE, FLORIDA

MRD 112

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: BRICK MOUNTAIN BILLING, INC.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence," or "Certificate of Good Standing" and check are sub above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
JOHN CHI	
Name of Person	_
BRICK MOUNTAIN BILLING, INC.	
Firm/Company	
14100 PALMETTO FRONTAGE ROAD, STE 108	·
Address MIAMI LAKES, FL 33016	
City/State and Zip code	
JCHI@PACERCO.COM	
E-mail address: (to be used for future annual report r	notification)
For further information concerning this matter, please call:	
JOHN CHI at (305 ) 828-7660	
Name of Person Area Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING A  New Filing Section  Division of Corporations  Division of Corporations  Tallahassee, FL 32301	ection orporations 7
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\text{Certificate of Status}\$ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BRICK MOUNTAIN BILLING, INC.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATED," "Co.," "Corp," "Inc," "Co," or "Corp.")	ATION,"
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of train	nsacting business in Florida)
2. KENTUCKY 3. 20-5870306	
(State or country under the law of which it is incorporated) (FEI number,	if applicable)
4. 11/17/2006 5. PERPETUAL	
(Date of incorporation) (Duration: Year corp. will co	ease to exist or "perpetual")
6	
(Date first transacted business in Florida, if prior to registration (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty	
7. 14100 PALMETTO FRONTAGE ROAD, STE 108 MIAMI LAK	ES, FL 33016
(Principal office address)	
14100 PALMETTO FRONTAGE ROAD, STE 108 MIAMI L.	AKES, FL 33016
(Current mailing address)	
8 ANY AND ALL LAWFUL BUSINESS	
(Purpose(s) of corporation authorized in home state or country to be carried out in state	of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<b>7</b> 9 3
Name: JOHN CHI	題号置
Office Address: 14100 PALMETTO FRONTAGE ROAD, SUITE 108	記録の
MIAMI LAKES, Florida 33016 (City) (Zip code)	- Total :
(City) (Zip code)	書る
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above.	stated componentian at the place
designated in this application, I hereby accept the appointment as registered agent and	
further agree to comply with the provisions of all statutes relative to the proper and co. and I am familiar with and accept the obligations of my position as registered agent.	mplete performance of my duties
unu I am junitiai wan ana accept the voltganons of my position as registered agent.	
NI. Ch	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	Francis .
A. DIRECTORS	FILED
Chairman: RAINIER GONZALEZ	12 OCT -1 AMU
Address: 14100 PALMETTO FRONTAGE ROAD, STE 108	SECRETARY OF STATE
MIAMI LAKES, FL 33016	ASSEE FLORIDA
Vice Chairman:	
Address:	
Director: JOHN VINCENT	
Address: 14100 PALMETTO FRONTAGE ROAD, STE 108	
MIAMI LAKES, FL 33016	
Director: JOHN CHI	
Address: 14100 PALMETTO FRONTAGE ROAD, SUITE 10	8
MIAMI LAKES, FL 33016	
B. OFFICERS	
President: RAINIER GONZALEZ	
Address: 14100 PALMETTO FRONTAGE ROAD, STE 108	
MIAMI LAKES, FL 33016	
Vice President: JOHN VINCENT	
Address: 14100 PALMETTO FRONTAGE ROAD, STE 108	
MIAMI LAKES, FL 33016	
Secretary: RAINIER GONZALEZ	
Address: 14100 PALMETTO FRONTAGE ROAD, STE 108	
Treasurer: JOHN CHI	
Address: 14100 PALMETTO FRONTAGE ROAD, SUITE 108	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) at are true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	
14. JOHN CHI	

(Typed or printed name and capacity of person signing application)

# FILED 12 OCT - I AMII: 10 SECRETARY OF STATE TALEAHASSEE, FLORIDA

### Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 130574

Visit <a href="https://app.sos.ky.gov/ftshow/certvalidate.aspx">https://app.sos.ky.gov/ftshow/certvalidate.aspx</a> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### BRICK MOUNTAIN BILLING, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 17, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 28<sup>th</sup> day of September, 2012, in the 221<sup>st</sup> year of the Commonwealth.

CONTROL OF CRETARY OF SHE

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

130574/0651190