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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

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From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
BRYCER MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

BRYCER MANAGEMENT, INC.

1. BRYCER MANAGEMENT, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida):

2. ILLINOIS 3. 27-5191401
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 24, 2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease 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 liability)

7. 4355 WEAVER PARKWAY, SUITE 100, WHEATON, ILLINOIS 60555
(Principal office address)
- 4355 WEAVER PARKWAY, SUITE 100, WHEATON, ILLINOIS 60555
(Current mailing address)

8. TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE ILLINOIS BUSINESS CORPORATIONS ACT AND AS PERMITTED UNDER THE FLORIDA STATUTES.

(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)

Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

NRAI Services, Inc.

By: Leta Singletary
(Registered agent's signature) LETA SINGLETARY, ASST. SECY

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.

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12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MATTHEW RICE

Address: 4355 WEAVER PARKWAY, SUITE 100, WHEATON, ILLINOIS 60555

Director: BRYAN SCHULTZ

Address: 4355 WEAVER PARKWAY, SUITE 100, WHEATON, ILLINOIS 60555

B. OFFICERS

President: MATTHEW RICE

Address: 4355 WEAVER PARKWAY, SUITE 100, WHEATON, ILLINOIS 60555

Vice President: _____

Address: _____

Secretary: BRYAN SCHULTZ

Address: 4355 WEAVER PARKWAY, SUITE 100, WHEATON, ILLINOIS 60555

Treasurer: MATTHEW RICE

Address: 4355 WEAVER PARKWAY, SUITE 100, WHEATON, ILLINOIS 60555

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Matthew R. Rice Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. MATTHEW RICE, PRESIDENT

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

BRYCER MANAGEMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 24, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1305802018

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of FEBRUARY A.D. 2013*

Jesse White

SECRETARY OF STATE

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