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PICK-UP	☐ WAIT	MAIL
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COVER LETTER .

ΓO: New Filing Section Division of Corporations
SUBJECT: BR Home Solutions, Corp
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," 'Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
2061 NW 112 Ave. # 133
Address
Miami FL 33172
City/State and Zip code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Reivaldo Baron at (786) 8977763 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 P.O. Box 6327 Control of Corporations Clifton Section Division of Corporations Clifton Building Clifton Building Clifton Section Division of Corporations P.O. Box 6327 Control of Corporations Clifton Building Clifton Section Division of Corporations Clifton Building Clifton Section Clifton Section Division of Corporations Clifton Building Clifton Section
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{Certificate of Status} \tag{\$78.75 Filing Fee & Certified Copy} \tag{\$87.50 Filing Fee, Certified Copy} \tag{\$87.50 Filing Fee, 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) (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: Office Address: 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. Registered agent's signature)

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:

A. DIRECTORS

A. DIRECTORS
Chairman: Reivaldo Baron
Address: 2061 NW 112 Ave. # 133
Miami FL 33172
Vice Chairman:
Address:
Director: Reivaldo Baron
Address: 2061 NW 112 Ave. #133
Migmi FL 33172
Director:
Address:

B. OFFICERS
President: Reinaldo Baron
Address: _ 2061 NW 112 Ave. # 133
Migmi FL 33172
Vice President:
Address:
Secretary: Reimldo Boron
Address: 2061 NW 112 Ave. #133 Miami FL 33172
Treasurer: Reinaldo Baron
Address: 2061 NW 112 Ale. #133 Migmi FL. 33172
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 disted 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. Reinaldo Baron Aresident
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BR HOME SOLUTIONS, CORP**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 7; 2014, and is in good standing in this state.

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ROSS MILLER Secretary of State

office on April 3, 2014.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

Electronic Certificate
Certificate Number: C20140403-3376
You may verify this electronic certificate
online at http://www.nysos.gov/