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Special Instructions to	Filing Officer:	





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W14-39403

#### COVER LETTER

**New Filing Section** TO:

**Division of Corporations** 

Brickell Inc.

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Marcus Araujo		
Name of Person		
CNA Bookkeeping Services LLC		
Firm/Company		
10190 Collins Ave. # 203		
Address		
Bal Harbour, FL 33154		
City/State and Zip Code		
cnabookkeeper@gmail.com		

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nara Cristina Iben

786 339-2814
Area Code & Daytime Telephone Number

Name of Person

MAILING ADDRESS:

**New Filing Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

**New Filing Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$70.00 Filing Fee

□\$78.75 Filing Fee & Certificate of Status □\$78.75 Filing Fee & Certified Copy

■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2014

MARCUS ARAUJO 10190 COLLINS AVE #203 BAL HARBOUR, FL 33154

SUBJECT: BRICKELL INC. Ref. Number: W14000039403

We have received your document for BRICKELL INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 214A00013708

### · APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Brickell Anc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Philadelphia, PA (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12.18.2013 5. Pur yethol (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 701 Long Shore Are - Thi ladelphia, PA 19111
1221 Brickell Are #900- Miani-R 33131 (Current mailing address)
8. Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name. MINOCOS MICHO PO
Office Address: 1221 Brickell Arc. # 900  Miani, Florida 33131
Miani, Florida 39131 (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.

(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 addresses of officers and/or directors

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	<u> </u>
Director: Narcus Akauzo.	
Address: 1221 Dickell Ac #	900
Miami, R 33/31	
Director:	
Address:	
	-
B. OFFICERS	Es. 1
President:	
Address:	200
	77 > 177
Vice President:	
Address:	39 5 <sub>A</sub>
Secretary:	
Address:	
Treasurer:	
Address:	
II	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in r	number 12 of the application)
14. MARCUS AR	AUJO

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**JULY 15, 2014** 

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### Brickell, Inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Secretary of the Commonwealth** 

Certification Number: 11981138-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp