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TO: New Filing Division of	Section Corporations				1
SUBJECT:	Brimston	e Trading	Corp.	 -er	
SCBSECT.	Name of c	orporation - mu	st include suffix	 . ټړ	8: 20 
Dear Sir or Madam:				V.3	· O
"Certificate of Exist	PRECIED ication by Foreign Corporation by Foreign Corporation to trans	Good Standing'	' and check are subr	t Business in Flo nitted to register	orida," the
Please return all cor	respondence concerning	this matter to th	e following:		
Sarah Gros	s, Paralegal				
		Name of Perso			
LAW OFFIC	CES OF FRYE		· · · · · · · · · · · · · · · · · · ·		
00000 14/		Firm/Company			
20900 wes	t Dixie Highwa				
Aventura, F	lorida 33180	Address			
	C	ity/State and Zi	p code		
	E-mail address: (to	o be used for fu	ture annual report no	otification)	
For further informat	ion concerning this matte	er, please call:	·	·	
Sarah Gros	S at /	,305 ,9	31-3200	e manik j	
Name of Pe	erson	·	& Daytime Telepho	ne Number	15 HAY -
	COURIER ADDRESS:		MAILING AI		
New Filing Division of	Section Corporations		New Filing Sec Division of Cor	, re-re-	} ⊋ (
Clifton Buil	_		P.O. Box 6327		
2661 Execu Tallahassee	tive Center Circle , FL 32301		Tallahassee, FI	. 32314	6 16
Enclosed is a check	for the following amount	t:			
■ \$70.00 Filing Fe	e 🗖 \$78.75 Filing Fe	ee & 🗖 \$78	3.75 Filing Fee &	□ \$87.50 Filir	ıg Fee,

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2015

SARAH GROSS 20900 WEST DIXIE HIGHWAY AVENTURA, FL 33180

SUBJECT: BRIMSTONE TRADING CORP.

Ref. Number: W15000029012

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

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 415A00008405

15 MAY -1 PH 12:

## CORRECTED

under the law of which it is incorporated.

## 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.

<sub>1.</sub> Br	imstone I rading Corp.		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	<b>,</b> "
(If name unavaila	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting	g business in Florida)
<sub>2.</sub> Wyo		47 0500004	,
. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	
<sub>4</sub> 12/9/	/2014	perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perp	
6		is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability	
7.0004 0611	(Principal office a		02001
SAME	•		921g -
	(Current mailing a	ddress)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: ()  Law Offices of Frye & Vazque		MAY -1 PM COLVER OF S ALCOHOLD
Office Address:	20900 West Dixie High	ıway	
	Aventura	, Florida <u>33180</u>	<b>∌</b> *`` თ
	(City)	(Zip code)	
designated in this further agree to co duties, and I am f	ed as registered agent and to accept se application, I hereby accept the appoint omply with the provisions of all statute amiliar with and accept the obligation.  (Registered agent's	intment as registered agent and agress relative to the proper and comples of my position as registered agent	ree to act in this capac ete performance of my t.
designated in this further agree to co duties, and I am f	application, I hereby accept the appoint omply with the provisions of all statute amiliar with and accept the obligation.	intment as registered agent and agress relative to the proper and comples of my position as registered agent	ree to act in this cap ete performance of . t.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

11. Names and business addresses of officers and/or directors: A. DIRECTORS FILED 15 MAY -1 PH 12: 16 Chairman: Address: \_\_\_ Vice Chairman: Address: \_\_\_\_ Director: Address: Director: \_\_\_ Address: \_\_\_ **B. OFFICERS** Lovitex, LLLP President: 1825 NW Corporate Boulevard, Suite 110 Address: Boca Raton, Florida 33431 Vice President: Address: \_\_\_\_ Secretary: Address: Treasurer: NOTE: If necessary, you may a tack an addendum to the application listing additional officers and/or directors. 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. 13. Austin A. Frye, Authorized Person

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **Brimstone Trading Corp.**

is a

## **Profit Corporation**

formed or qualified under the laws of Wyoming did on **December 9, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000677080**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of March, 2015 at 3:21 PM. This certificate is assigned 017446327.



Secretary of State



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.