Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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Email	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION

Barry Elson Inc.

Certificate of Status	0
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Page Count	04
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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaile New York	•	adopted for the purpose of transacting business in Florida) n/a		
(State or country 03/26/2014		(FEI number, if applicable) i (Date of duration, if other than perpetual)		
(Date Upon Qualificat				
10207 Deerchiff F		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
		pal office address)		
	(Princip	ng address, if different)		
. Name and stree	(Princip	ng address, if different) O. Box NOT acceptable)		
•	(Princip) (Current mailing) (Exact address of Florida registered agent: (P.C.)	ng address, if different) O. Box NOT acceptable)		

9. 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.

Bill Havre/Secretary/Registered Agents Inc.

(Registered agent's signature)

10. 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.

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

A. DIRI	ECTORS		
Chairman			
Address:		<u>,</u>	,
_			
Vice Chai	man:		
Address:			
-	Barry Elson		
	10207 Deercliff Drive, Tampa, FL 33647		
Address:			
Director:	Gregory Elson		
Address	10207 Deercliff Drive, Tampa, FL 33647	201	
Authoss.		****	T
B. OFF	CERS	25 P	Major Brieffi la ja
President:	Barry Elson		
Address	10207 Deercliff Drive, Tampa, FL 33647	II:	
rtadi ess.		DA 0	
Vice Pres	dent:		
Address:			
Secretary:	Barry Elson		
Address:	10207 Deercliff Drive, Tampa, FL 33647		
Treasurer	Barry Elson		
Address:	10207 Deercliff Drive, Tampa, FL 33647		
	If necessary, you may attach an addendum to the application listing addition	al officers and/or directors	
	in necessary, your may arrive an addending to de appropriation issuing addition	as ottobis associations.	
12	Signature of Director or Officer		
The office	er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to	affirms that the facts stated her	cin
a third de	gree felony as provided for in s.817.155, F.S.	are Department of State consul	
	y Elson, President		
	Three or winted name and apparent of namon ciguing applic	(notion)	

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of BARRY ELSON INC. was filed on 03/26/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of February two thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State

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