

F16000002783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

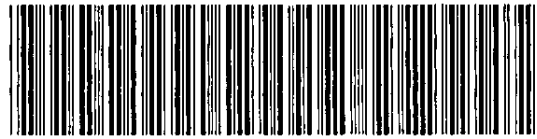
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JUN 21 2016

Y SULKER

W16-61947



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2016

CHARLES D BRENNAN JR
2510 W TOWNSHIP LINE ROAD
HAVERTOWN, PA 19083 US

SUBJECT: BRENNAN SALES INSTITUTE, LTD
Ref. Number: W16000041947

*please give
June 3 filing
date.*

We have received your document for BRENNAN SALES INSTITUTE, LTD. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00012119

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRENNAN SALES INSTITUTE, LTD

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:

CHARLES D. BRENNAN JR.

Name of Person

BRENNAN SALES INSTITUTE, LTD

Firm/Company

2510 W TOWNSHIP LINE ROAD

Address

HAVERTOWN, PA 19083

City/State and Zip code

CBRENNAN@BRENNANTRAINING.COM

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

For further information concerning this matter, please call:

CHARLES D. BRENNAN

610

449-6110

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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

**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.*

1. BRENNAN SALES INSTITUTE, LTD
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- BRENNAN SALES INSTITUTE, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. PENNSYLVANIA 3. 23-1567044
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/15/1959 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 4/1/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 642 VENEZIA GRANDE DRIVE, NAPLES, FL 34119
(Principal office address)
- 642 VENEZIA GRANDE DRIVE, NAPLES, FL 34119
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

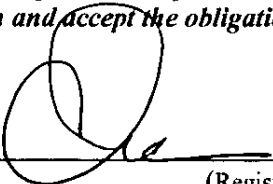
Name: CHARLES D BRENNAN JR

Office Address: 75 VINEYARDS BLVD, SUITE 300

NAPLES, Florida 34119
(City) (Zip code)

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.


(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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHARLES D BRENNAN JR

Address: 2510 W TOWNSHIP LINE ROAD

HAVERTOWN, PA 19083

Vice President: CHARLES D BRENNAN

Address: 2510 W TOWNSHIP LINE ROAD

HAVERTOWN, PA 19083

Secretary: MARIE E BRENNAN

Address: 2510 W TOWNSHIP LINE ROAD, HAVERTOWN, PA 19083

Treasurer: ANNETTE P BRENNAN

Address: 2510 W TOWNSHIP LINE ROAD, HAVERTOWN, PA 19083

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

12. ☒ _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. CHARLES D BRENNAN JR, PRESIDENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/31/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BRENNAN SALES INSTITUTE, LTD

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting 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

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160531110559-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>