



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160001684303)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number : (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FOREIGN PROFIT/NONPROFIT CORPORATION BRILLIANT METRICS, INC.

Certificate of Status	ate of Status 0	
Certified Copy	0	
Page Count	4	
Estimated Charge	\$70.00	

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRILLIANT METRICS, INC.	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	o the following:
Erin Rega	an
Name of Po	
InCorp Service	
Firm/Comp	_
3773 Howard Hughes F	
Addres Las Vegas, NV 8	_
City/State and	
documents@inc	•
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please ca	11:
Erin Regan on behalf of inCorp Services, Inc. 702	866-2500
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
Enclosed is a check for the following amount:	
-	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy
	H11000111084312

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.

(If name unavaila Wisconsin	able in Florida, enter alternate corporate name add	opted for the purpose of transacti	ing business in Florida)	_
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)	-
02/11/2014	₅ P	'erpetual		
	of incorporation)	(Date of duration, if other	r than perpetual}	-
06/06/2016				
	(Date first transacted business in F		**·	_
2028 E Ben \	(SEE SECTIONS 607.1501 & 607.1502 White Blvd #240-4427, Austin, TX 78741	L, F.S., to determine penalty liabi	lity)	
'		office address)		-
			, n.g. (12) (13) (13)	
	(Current mailing	ddress, if different)	100 mark 1 mm 1	- 1
Name and street	t address of Florida registered agent: (P.O. l	Box NOT acceptable)		m
Name:	InCorp Services, Inc.	•		
•	17888 67th Court North		RX G	
ffice Address:			AGE TO	
	Loxahatchee	, Florida	, v	
	(City)	(Zip code)		
	ent's acceptance:			
aving been nam	ed as registered agent and to accept service application, I hereby accept the appointmen	of process for the above stat	ed corporation at the	place
		NT OF PROISTRYAN HOARI KWA OD	rea in art in interan	~~!!!

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

Austin, TX 78741			
Chairman:			,
ress;			
Steven Robinson			
2028 E Ben White Bivd #240-4427			
Austin, TX 78741			
clof:			
ress:		<u></u>	
OFFICERS .	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Steven Robinson		r. r	
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Steven Robinson			
2028 E Ben White Blvd #240-4427, Austin, TX 78741			
Steven Robinson		,	
2028 E Ben White Blvd #240-4427, Austin, TX 78741			
FE: If necessary, you may smach an addendum to the application listing additional states and the application listing additional states are addendum to the application listing additional states are additional states are addendum to the application listing additional states are additional states are additional states and additional states are additional states	ional officers and/o	r directo	rs.
Signature of Director or Officer officer or director signing this document (and who is listed in number 11 aboverue and that he or she is aware that false information submitted in a document			

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

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United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BRILLIANT METRICS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is February 11, 2014.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 13, 2016.

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

181212-1971F7D2

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