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| (Requestor's Name) | | | | | | |
|---|--------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | isiness Entity Nan | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECPLIANT OF STATE
TALLANASSEE, FLORIDA

T WASHINGTON SEP 2 9 2016

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|---|--|--|--|--|
| SUBJECT: Briant Associates, 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 Standabove referenced foreign corporation to transact business | ling" and check are submitted to register the | | | | |
| Please return all correspondence concerning this matter | to the following: | | | | |
| Richard J. Bingham | | | | | |
| Name of P | Person | | | | |
| Briant Associates, Inc. | | | | | |
| Firm/Comp | pany | | | | |
| 7571 San Miguel Way | | | | | |
| Addres | ss | | | | |
| Naples, FL 34109 | | | | | |
| City/State an | d Zip code | | | | |
| rbingham@briantassociates.com | | | | | |
| E-mail address: (to be used for | or future annual report notification) | | | | |
| For further information concerning this matter, please ca | all: | | | | |
| Richard Bingham at (847) 903-6395 | | | | | |
| Name of Person Area Code | Daytime Telephone Number | | | | |
| | | | | | |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| Clifton Building | P.O. Box 6327 | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahassee, FL 32314 | | | | |
| Enclosed is a check for the following amount: | | | | | |
| ■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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. | Briant Associate | | | | |
|-------------------------|--|--|------------------------|---|------------------------|
| | | orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION | , | |
| | | 1987-17-1 | | | |
| | (If name unavaila | ble in Florida, enter alternate corporate na | .me adoj | pted for the purpose of transacting | g business in Florida) |
| 2. | Illinois | | _ 3 | 1 | , |
| | (State or country under the law of which it is incorporated) | |) | (FEI number, if applicable) | |
| 1 | February 28, 199 |)2 | 5. | | |
| (Date of incorporation) | | of incorporation) | <i>-</i> | (Date of duration, if other than perpetual) | |
| 6. | | | | | |
| ٧. | | | | orida, if prior to registration) | |
| | | (SEE SECTIONS 607.1501 & 60 |)7.1502, | F.S., to determine penalty liability | ty) |
| 7. | 18-5 E. Dundee R | d #200 Barrington, IL 60010 | | | |
| | | | incipal o | office address) | |
| | 7571 San Miguel | Wav Naples. FL 34109 | | | |
| | 74 - | | | | |
| | | | | | |
| 8. | . Name and stree | et address of Florida registered agent: | (P.O. E | Box NOT acceptable) | EP 29 |
| | Name: | Richard Bingham | | | 7 T |
| | | | | _ | |
| O | office Address: | 7571 San Miguel Way | | <u> </u> | 25 - |
| | | Naples | | , Florida 34109 | 9 |
| | | (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 agont'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. DIRECTORS Chairman: Richard J Bingham Address: 7571 San Miguel Way Naples, FL 34109 Vice Chairman: Address: Director: Address: ____ Director: **B. OFFICERS** President: Richard J Bingham Address: 7571 San Miguel Way Naples, FL 34109 Vice President: Address: Secretary: ___ Address: _____ Treasurer: _____

NOTE: If necessary, you may attach 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 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.

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

File Number

5673-498-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BRIANT ASSOCIATES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 28, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of SEPTEMBER A.D. 2016.

Authentication #: 1627001314 verifiable until 09/26/2017

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE