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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO:	Registration Sect Division of Corp				
SHRI	ECT: Briny Co.				
., () (),		Name of c	corporation	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence		Good Stan	ding" and check are su	act Business in Florida," bmitted to register the
Please	return all correspo	ndence concerning	this matter	to the following:	
Simon	Peter Cox				
	···		Name of I	Person	
Briny	Co.				
3007	Williams Rd.		Firm/Com	pany	
Winte	r Garden, Fl 34787		Addre	ess	
		(City/State ar	nd Zip code	
Simon	(&briny.com	E '1 11'			
		ts-mail address: (1	to be used f	or future annual report	notification)
For fu	rther information c	oncerning this matt	er, please c	all:	
Simon		at	407	6548276	
	Name of Person	at	\Area Code	Daytime Tele	phone 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			
Enclos	sed is a check for th	ne following amoun	t:		
□ \$7	0.00 Filing Fee	■ \$78.75 Filing F Certificate of S		\$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.

l. BRINY CO. (Enter name of c "Inc.," "Co.," "C	orporation: must include "INCORPORATI orp." "Inc." "Co." or "Corp.")	Đ.	" "COMPANY," "CORPORATION,"			
Briny Corp.						
(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	iness in Fle	orida)	
Delaware 2.		3	812884139			
	y under the law of which it is incorporated)	e law of which it is incorporated) (FEI number, if applicable) 5. 06/08/2015				
	of incorporation)	•′•	(Date of duration, if other than p	han perpetual)		
7	d. Winter Garden Florida 34787 (Pri d. Winter Garden Florida 34787	neip	pal office address)		KWF 41	
	(Current m	ailir	ng address, if different)	- 50 / SSI - 1	@) -129-	j; •
8. Name and stree	et address of Florida registered agents	(P.C	O. Box <u>NOT</u> acceptable)		PH 3: (gasari Si Tray a
Name:	Simon Peter Cox			#: 5	CO	
Name:					ğ	
	Simon Peter Cox 3007 Williams Rd. Winter Garden		 . Florida		Ö	

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 agents 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	Simon Dates Con			
Chairman	Simon Peter Cox:			
Address:	3007 Williams Rd.			.=
	Winter Garden, Florida. 34787			
Vice Chai	irman:			
Director			 -	
Address:			<u> </u>	
Director:		<u></u>	-	
Address:		100	5	
		တ် က	e.	*1
B. OFF	ICERS		P	17
President	Simon Peter Cox	0.5	φÞ	1
Address:	3007 Williams Rd.	Ŝ.	00	
	Winter Garden Florida, 34787			
Vice Pres	ident:			
ridaress.				
·				
Treasurer				
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	r direct	ors.	
12	frmon Con			. "
are true a	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department	facts sta of State	ated he	erein itutes
Simo	egree felony as provided for in s.817.155, F.S. on Peter Cox CEO/PRESIDENT			
13.	(Typed or printed name and capacity of person signing application)			

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRINY CO." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRINY CO." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 2016.

TAYS OF THE PARTY OF THE PARTY

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Authentication: 201805888

Date: 01-03-17

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SR# 20167288351