FT7000004219

(Re	equestor's Name)	·
(Ad	ddress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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17. SEP 20 TH 2:28

D. SCOTT SEP 2 0 2017

ENTREX CAPITAL MARKET LLC 150 East Palmetto Park Road Suite 800 Boca Raton, FL 33432

September 18, 2017

Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Dionne

Dear Dionne,

RE: W17000072327

Entrex Capital Market Inc

As the Managing Member of Entrex Capital Market LLC, I hereby authorize the release of the name Entrex Capital Market so that our company Entrex Capital Market Inc can be registered with the State of Florida.

Should you have any questions, please do not hesitate to contact Mary Jo Albrecht at 561-955-7318.

Sincerely

Stephen A. Watkins Managing Member



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2017

STEPHEN WATKINS 150 E PALMETTO PARK RD #800 BOCA RATON, FL 33432

SUBJECT: ENTREX CAPITAL MARKET, INC.

Ref. Number: W17000072323

We have received your document for ENTREX CAPITAL MARKET, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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.

Dionne M Pijeaux

2017 SEP 20 AM IS: 18

Regulatory Specialist

Letter Number: 117A00018245

COVER LETTER

Division of Corporations
SUBJECT: Entrex Capital Market Inc. 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:
Stephen Watkins Name of Person
Entrex Capital Market, Inc.
150 E. Palmetto Park Rd # 800
Boca Baton, FL 33432 City/State and Zip code
5 wat Kins@ entrex capital market. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Watkins at (5bL) 465-7500 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:
C \$70.00 Filing Fee 3 \$78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee. Certificate of Status & Certified Copy

2.7

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE H REGISTER A FORE	WITH SECTION 607. I SO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
V-+ce	er Copital Macket Tuc.	
(Enter name of corp	porellar, must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Со.," "Сол	p, " "inc," "Co," or "Corp.")	
(If name unavailable	sle in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
, Redo	aware 3 47-4657078	
(State or country	under the law of which it is incorporated) (FEI number, if applicable)	
4	8-5-2015 5	
(Date of	(Date of duration, if other than perpetual)	
6	9-1-2017	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
, 150		
/	(Principal office address)	<u></u>
	(Current mailing address, if different)	
8. Name and street	address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	NR AI Services Inc	
Office Address:	1200 S. Pine Island Rd.	
	Plantation, Florida 33324 (City) (Zip code)	
9. Registered ager	nt's acceptance:	
Having been name.	ed as registered agent and to accept service of process for the above stated corporation at the place application, I bereby accept the appointment as registered agent and agree to act in this capacity. I	
further agree to co	omply with the provisions of all statutes relative to the proper and complete performance of my	
duties, and I am fa	amiliar with and accept the obligations of my position as registered agent.	
	Mille Hold ASLIL	
<u> </u>	(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.

September 1

A. DIRECTORS _____ Chairman: __ Address: _ Vice Chairman: ___ Address: _ Director Address: _ Director. **B. OFFICERS** Vice President: ___ Address: _ Treasurer: Address: NOTE: If nec dendum 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. 13 Stephen Watkins President (Typed or printed name and capacity of person signing application)

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



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

DELAWARE, DO HEREBY CERTIFY "ENTREX CAPITAL MARKET, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND MAG A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF AUGUST, A.D. 2017.



Authentication: 203016386

Date: 08-07-17