# F1800000 2227

(Requestor's N	ame)
(Address)	
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(Address)	
(City/State/Zip/	Phone #0
(Orty/Otate/21p/	none #)
	_
PICK-UP WA	T MAIL
(Business Entit	y Name)
(Document Nu	mber)
Certified Copies Certif	ficates of Status
	1
Special Instructions to Filing Office	er:
Office U	l se Only



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18 MAY - 7 PM 1: 18

M. MILLIGAN MAY 1 1 2018

#### **COVER LETTER**

TO: Registration Se	ection		
Division of Co	rporations		
SUBJECT: BRS \$	ervices, Inc.		
	Name of corpora	ation - must include suff	fix
Dear Sir or Madam:			
"Certificate of Existent	tion by Foreign Corporation ce," or "Certificate of Good gn corporation to transact by	Standing" and check ar	ransact Business in Florida." re submitted to register the
Please return all corres	pondence concerning this m	natter to the following:	
	Nam	e of Person	
BRS Services, Inc.			
	Firm/	Company Company	
225 Wilmington West	t Chester Pike Ste 200		
	A	Address	
Chadds Ford, PA 193	17		
	City/St	ate and Zip code	
Administrace vices	Admin@wcpeak.c	sp2 5-1-18	
		sed for future annual re	port notification)
For further information	concerning this matter, ple	ease call:	
Donald Silber	at ( 727	) 469-3107	
Name of Perso	on Area		Telephone Number
Registration S Division of Co Clifton Buildin	rporations ig e Center Circle	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations 6327 see, FL 32314
Enclosed is a check for	the following amount:		
<b>☑</b> \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee Certified Copy	2 & 🗖 \$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.

BRS Services					
	corporation: must include "INCO Corp." "Inc." "Co." or "Corp.")	ORPORATED," "C	COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate c	corporate name adop	oted for the purpose of transacting busin	ness in Florida	1)
. <u>PA</u>	_	3. <u></u> 2	3-2847216		
(State or coun	try under the law of which it is in	icorporated)	(FEI number, if applicable	e)	
. 04/30/1996		5.			
(Da	e of incorporation)		(Date of duration, if other than pe	erpetual)	
	İ				
5/1/2018					
5/1/2018			orida, if prior to registration)		_
5. <u>5/1/2018</u>			orida, if prior to registration) F.S., to determine penalty liability)		_
-		7.1501 & 607.1502,	F.S., to determine penalty liability)		_
	(SEE SECTIONS 607	7.1501 & 607.1502, e 200 Chadds Fo	F.S., to determine penalty liability)		_
	(SEE SECTIONS 607	7.1501 & 607.1502, e 200 Chadds Fo	F.S., to determine penalty liability) rd, PA 19317		_ _
	(SEE SECTIONS 607	7.1501 & 607.1502, e 200 Chadds Fo	F.S., to determine penalty liability) rd, PA 19317 ffice address)	18 HAY	nivision   nivision
225 Wilmii	(SEE SECTIONS 607	7.1501 & 607.1502, e 200 Chadds Fo (Principal o (Current mailing ac	F.S., to determine penalty liability) rd, PA 19317 ffice address) ddress, if different)	18 HAY -7	DIVISION OF CO
225 Wilmii	(SEE SECTIONS 607	7.1501 & 607.1502, e 200 Chadds Fo (Principal o (Current mailing ac	F.S., to determine penalty liability) rd, PA 19317 ffice address) ddress, if different)		BECKL JAKE OF CORPO
225 Wilmin  3. Name and stru  Name:	(SEE SECTIONS 607  ngton West Chester Pike Ste	7.1501 & 607.1502, e 200 Chadds Fo (Principal o (Current mailing active ded agent: (P.O. B	F.S., to determine penalty liability) rd, PA 19317 ffice address) ddress, if different)	-7	DIVISION OF CORPORATION
7. 225 Wilmin	eet address of Florida register  Registered Agents Inc.	7.1501 & 607.1502, e 200 Chadds Fo (Principal o (Current mailing active ded agent: (P.O. B	F.S., to determine penalty liability) rd, PA 19317 ffice address) ddress, if different)	-7 PH 1:	DIVISION OF CORPORACIONS

#### 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 Inc.

Bill Havre - Assistant Secretary

(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.

11. Name:	s and business addre	sses of officers and/or directors:
A. DIREC	CTORS ·	
Chairman:	Steven Russell	
		t. Dunedin, FL 34698
	<sub>nan:</sub> Brian Murph	
Address: _	1100 N Cour	ty Hwy 393 Santa Rosa Beach FL 32459
Director: _	Donald Silber	
Address: _	16333 Gulf Blv	d Reddington Beach, FL 33708
	-	
Address: _		
B. OFFIC	CERS	
President:	Donald Silber	
Address:	16333 Gulf Blvd 1	14 Reddington Beach, FL33708
Vice Precid	<sub>ent:</sub> Brian Murphy	
Address: _		nty Hwy 393 Santa Rosa Beach FL 32459
_		
Secretary:	Steven Russell	
Address: _	2206 Highwood C	t Dunedin, FL 34698
Treasurer:		
Address: _		
NOTE: 1	f necessary, you may	attach an addendum to the application listing additional officers and/or directors.
12	Stee	ren B. Russell TB M
are true an	d that he or she is av	Signature of Director or Officer this document (and who is listed in number 11 above) affirms that the facts stated herein vare that false information submitted in a document to the Department of State constitutes ed for in s.817.155, F.S.
13		
	(Type	d or printed name and capacity of person signing application)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/02/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BR\$ SERVICES, INC.

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.

STORE STATE OF THE 
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

Acting Secretary of the Commonwealth

Certification Number: TSC180502141511-1

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