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### **COVER LETTER**

TO:	Registration Section	1			
	Division of Corpora			.•	
		ERVICES INC			
SUBJ	ECT:				
		Name of corpor	ration	- must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence," o	by Foreign Corporation "Certificate of Good rporation to transact b	i Stan	ding" and check are sul	omitted to register the
Please ANTO	return all correspond NIO FRANCISCO MA	ence concerning this r NUEL ALBANES GAR	natter KCIA	to the following:	
		Nan	ne of I	Person	
BRAN	DS & SERVICES INC				
		— - Eiron	/Com	non:	
122 E N	MAIN ST SUITE 183	1 11111	Conn	paus	
			Addre	SS	
LAKEI	LAND, FL 33801				
		Cin-(Ci		17'	
afmag2	001@gmail.com	City/Si	iate ar	nd Zip code	
		·		·	
	E	-mail address: (to be i	ised f	or future annual report	notification)
For fur	ther information conc	erning this matter, ple	ease c	all:	
ANTO:	NIO FRANCISCO MAI VES GARCIA	NUEL 619		940-0081	
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Code	Daytime Telep	hone Number
				•	
	STREET/COURIE	R ADDRESS:		MAILING A	DDRESS:
Registration Section Division of Corporations Clifton Building			Registration Section		
			Division of Corporations		
			P.O. Box 6327		
	2661 Executive Centrallahassee, FL 323			Tallahassee, F	L 32314
Enclose	ed is a check for the f	ollowing amount:			
CT 624	00 577 5 -	000 04 000			
<b>□ \$</b> 70	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 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. BRANDS & SERVICES INC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 82-3643489 (State or country under the law of which it is incorporated) (FEI number, if applicable) 1/09/2018 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 122 E MAIN ST SUITE 183, LAKELAND, FL 33801 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ANTONIO FRANCISCO MANUEL Name: ALBANES GARCIA 122 E MAIN ST SUITE 183 Office Address: LAKELAND . Florida (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 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. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS ANTONIO FRANCISCO MANUEL ALBANES GARCIA	18 NOV -6 AM 10:
nairman:	TALLALL
IZZE MAIN ST SUITE 183  Idress:	The state of the s
NORMA LETICIA CASTRO TRUJILLO	
ce Chairman:	
LAKELAND, FL 33801	
rector:	
ldress:	
rector:	
idress::	
ANTONIO FRANCISCO MANUEL ALBANES GAARCIA esident: 122 E MAIN ST SUITE 183 ddress;	
LAKELAND, FL 33801	
NORMA LETICIA CASTRO TRUHLLO ce President:	
122 E MAIN ST SUITE 183	
LAKELAND, FL 33801	<del></del>
NORMA LETICIA CASTRO TRUJILLO	
122 E MAIN ST SUITE 183, LAKELAND, FL 33801	
ANTONIO FRANCISCO MANUEL ALBANES GARCIA easurer:	
122 MAIN ST SUITE 183, LAKELAND FL 33801 ddress:	
OTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
Signature of Director or Officer	
be officer or director signing this document (and who is listed in number 11 re true and that he or she is aware that false information submitted in a docur third degree felony as provided for in s.817.155, F.S.  ANTONIO FRANCISCO MANUEL ALBANES GARCIA, PRESIDENT 3.	above) affirms that the facts stated herein nent to the Department of State constitutes
(Typed or printed name and capacity of person signin	g application)

## State of California

## Secretary of State

CERTIFICATE OF STATUS



#### ENTITY NAME:

BRANDS & SERVICES, INC.

FILE NUMBER:

C4102950

FORMATION DATE:

01/09/2018

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 31, 2018.

ALEX PADILLA Secretary of State