

# 20000001639

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APR 02 2020 M. SOLOMON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bryx, Inc.	
SUBJECT: Bryx, Inc.  Name of corporation - mi	ust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to the	ne following:
David E. Thom	هے
Name of Person	on
Bryx, Inc.	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
Rochester, N  City/State and Z  david P br  E-mail address: (to be used for fi	Svite 300
Address	
Kochester, N	Y 14604
City/State and Z	ip code
david (y br	yx.com
E-mail address: (to be used for fu	iture annual report notification)
For further information concerning this matter, please call:	
Name of Person at (408)  Area Code	406.2808
Name of Person Area Code	Óaytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
<i>,</i> , , , , , , , , , , , , , , , , , ,	STATE  8.75 Filing Fee &

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of cor	poration; must include "INCORPORATED," p." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		_
	le in Florida, enter alternate corporate name a			<u>a)</u>
(State or country	arc 3. under the law of which it is incorporated)	(FEI number, if applicable	e)	_
	<b>7</b> , <b>2</b> 013 5.	(Date of duration, if other than pe	rpetual)	_
6		02. F.S., to determine penalty liability)		_
7. <u>[20</u>	East Ave., Suite 300 (Principal office	Rochester, NY 146 ce <u>street</u> address)	504	_
	(Current mailing address of Florida registered agent: (P.O. Mrs. Sally Thomas  1554 Greer Lane  The Villages FL 32162 (City)		AHASSEF, FLORID.	2020 HAR 27 PH 2:
	The Villages FL 32,62	Z . Florida 32162 (Zip code)		23
9. Registered agen Having been named designated in this a further agree to con and I am familiar w		ce of process for the above stated corponent as registered agent and agree to acted to the proper and complete perfonition as registered agent.	ct in this cap	pacity. I

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	_			76 C
□ Chairman	Name: David E. Thomas	□Chairman	Name:	
□ Vice Chairman	Address: 84 Knollwood Dr.	□ Vice Chairman	Address:	
□Director	Rochester, NY	□Director		
President	14618	□President		
□ Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		2020
□ Vice President	· · · · · · · · · · · · · · · · · · ·	□ Vice President		
Secretary	□Treasurer	☐ Secretary	•	Treasuren 07 P
Other	Other	Other	****	Other DRIII
			:	~ <b>ω</b>
Chairman	Name:		Name:	
	Address:	•	Address:	
□Director		'⊡Director		
□President		□President		
□ Vice President		□Vice President		
☐ Secretary	☐Treasurer	□Secretary		□Treasurer
□Other	□Other	Other		Other
Important Notice: I individuals may be	Jse an attachment to report more than six (6). The at added to the index when filing your Florida Departs	ttachment will be imaged ment of State Annual Re	d for reporting proport form.	urposes only. Non-indexed
12	1/1/2/	0.07		
The officer or direct she is aware that fars.817.155, F.S.	Signature of Director signing this document (and who is listed in num lise information submitted in a document to the Department of the De	ber 11 above) affirms th	tes a third degree	d herein are true and that he or e felony as provided for in
	(Typed or printed name and capacity of per			·

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

DELAWARE, DO HEREBY CERTIFY "BRYX, INC." 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 TWELFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corp.delaware.gov/auth

Authentication: 202577502

Date: 03-12-20

From: David Thomas dave@bryx.com

Subject: Re: CT Evidence Email - Order #: 12792617(SO) BRYX, Inc.(DE) Cust Ref 1: None Given / Cust Ref 2: None Given

Date: March 13, 2020 at 5:31 PM

To: AfterHoursTeam@wolterskluwer.com

#### **DAVID EARL THOMAS**

Founder & CEO david@bryx.com



On Mar 12, 2020, at 8:35 PM, AfterHoursTeam@wolterskluwer.com wrote:

<Mail Attachment.jpeg>

<Mail Attachment.jpeg>

### **EVIDENCE**

Thank you for choosing CT, David.

Attached are results for the following:

Entity Name	ltem	Jurisdiction	File/Document Issued Date
BRYX, Inc.	Certificate of Good Standing (	Delaware	

This is the original electronic copy of your evidence, therefore, no hard copy of the document will be sent to you.

We appreciate your business!

CT Corporation

Phone: (800) 554-2092

Email: AfterHoursTeam@wolterskluwer.com

Where can I get help with reviewing or changing my orders?

Attachment.jpeg> or call them at (800) 554-2092.

Contact your Service Team via email at AfterHoursTeam@wolterskluwer.com

12792617 SO 4470081

ref:\_00D00hg2v.\_5001GkZDvO:ref

<BRYX, Inc.-DE-Certificate of Good Standing (.pdf>