# F2000003613

_
(Requestor's Name)
(Address)
(Address)
(Hadiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





400342769524

04/03/20--01011--026 \*\*78.75



AUG 18 2020 M. SOLOMON

### **COVER LETTER**

-	iration Section ion of Corporations							
SUBJECT:	BUSINESS RECOVERY SERVICES, INC.  Name of corporation - must include suffix							
SOBJECT								
Dear Sir or M	adam:							
"Certificate o	"Application by Foreign Corpore f Existence." or "Certificate of ced foreign corporation to tran	Good Standi	ng" and check are subm	Business in Florida," itted to register the				
Please return	all correspondence concerning	this matter to	the following:					
MR. MICHAE	EL SANTIMAURO							
		Name of Pe	erson					
BUSINESS R	ECOVERY SERVICES, INC.			_				
		Firm/Compa	my					
1301 MARIN	A VILLAGE PARKWAY, SUITE	E 250						
		Address	;					
ALAMEDA, 0	CA 94501							
	(	City/State and	Zip code					
MSANTIMAU	JRO@BANK-UP.COM							
	E-mail address: (	to be used for	future annual report no	tification)				
For further in	formation concerning this mate	ter, please cal	1:					
MR, MICHAEL SANTIMAURO		510	522-9700					
Name of Person		Area Code	Daytime Telepho	one Number				
Regi: Divis The 0 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a Please make cl □ \$70.00 Fil	check for the following amount heek payable to: FLORIDA DEP ling Fee	ARTMENT (	OF STATE \$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.

BUSINESS RECOVERY SERVICES, INC.			
(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
BANK UP CORPORATION			
(If name unavailable in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)		
CALIFORNIA	3 94-3302752		
(State or country under the law of which it is incorporated)	(FEI number, if applicable)		
JUNE 1, 1998			
(Date of incorporation) 5.	(Date of duration, if other than perpetual)		
DECEMBER 5, 2019	,		
11980 SW 144 COURT, SUITE 111, MIAMI, FL 33186 (Principal office	02, F.S., to determine penalty liability)  se street address)		
1301 MARINA VILLAGE PARKWAY, SUITE 250, ALAMED			
(Current mailing Name and street address of Florida registered agent: (P.O.	address, if different)		
Name: ~ 154451 V =	Box NOT acceptable)		

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.

(Degistered 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.

A. DIRECTORS						
□ Chairman	Name: MICHAEL SANTIMAURO	□Chairman	Name:			
□Vice Chairman	Address: 1301 MARINA VILLAGE PKWY	□Vice Chairman	Address:	<del></del>		
□Director	SUITE 250	□Director	_		_	
President	ALAMEDA, CA 94501	□President				
□Vice President		□Vice President				
□Secretary	□ Treasurer	□ Secretary		□Treasurer		
□Other	□Other □	□Other		□Other	<u> </u>	
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President	<del></del>	□Vice President				
☐Secretary	□Treasurer	☐ Secretary		□Treasurer	~ + rq	2020
□ Other	Other	Other		□Other	* T	2020 AU\$ 1
□Chairman	Name:	□Chairman	Name:		ij	35 14 15 15 15 15 15 15 15 15 15 15 15 15 15
□Vice Chairman	Address:	□Vice Chairman	Address:		10 T	<u>12</u>
□Director		□Director	<del></del>			<u> </u>
□President		□President				
□Vice President		□Vice President				
□Secretary	☐Treasurer	□Secretary		□Treasurer		
Other		□Other		□Other		
Important Notice: U	Use in attachment to report more than six (6). The attach added to the index when filing your Florida Department Signature of Director or experience.	iment will be imaged t of State Annual Re	l for renorting no	rposes only N	on-inde	ked

The officer of director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that faise information submitted in a common total efficiency and of State and interest of the Legree felting as more including s.817.155, F.S.

13. MR. MICHAEL SANTIMAURO, PRESIDENT

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

BUSINESS RECOVERY SERVICES, INC.

FILE NUMBER: FORMATION DATE:

C2111152

TYPE:

06/11/1998 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 May 16, 2020.

ALEX PADILLA Secretary of State



April 10, 2020

MR. MICHAEL SANTIMAURO BUSINESS RECOVERY SERVICES, INC. 1301 MARINA VILLAGE PARKWAY, SUITE 250 ALAMEDA, CA 94501

SUBJECT: BUSINESS RECOVERY SERVICES, INC.

Ref. Number: W20000036570

We have received your document for BUSINESS RECOVERY SERVICES, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 520A00007722

RECEIVED