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		COVER LE	FIER		
TO:	Registration Section Division of Corporations				
	•				
SUBJ	ECT: Bryant Park Consulting, Inc				
Name of corporation - must include suffix					
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Standi	nthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.		
Please	return all correspondence concerni	ing this matter to	the following:		
Kristi	Morrow				
		Name of Pe	rson		
Gunn(Chamberlain, P.L.				
		Firm/Compa	iny		
4350 F	Pablo Professional Court				
		Address			
Jackso	onville, FL 32224				
-		City/State and	Zin code		
kmorn	ow@gunnchamberlain.com	011,70410410			
		s: (to be used for	future annual report notification)		
For fu	orther information concerning this n				
Kristi Morrow		at (Daytime Telephone Number		
	Name of Person	Area Code	Daytime Telephone Number		
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		

☐ \$78.75 Filing Fee &

☐ \$87.50 Filing Fee,

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

■ \$70.00 Filing Fee □ \$78.75 Filing Fee &

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.

Bryant Park Co.	Bryant Park Consulting, Inc			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)		
2. Delaware		86-2913880		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
₄ 3/23/2021	-			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.		•		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7 1538 Bentin Driv	e North, Jacksonville Beach FL 32250			
	(Principal of	fice street address)		
	(Current maili	ing address, if different)		
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Alec Vicari-Epstein	差 点 2		
Office Address:	1538 Bentin Drive North			
	Jacksonville Beach FL	Florida 32250		
	(City)	, Florida 32250		
9. Registered age	ent's accentance			
		ice of process for the above stated corporation at the place		
designated in this	application, I hereby accept the appoint	ment as registered agent and agree to act in this capacity. I		
further agree to co and I am familiar	omply with the provisions of all statutes with and accept the obligations of my pe	relative to the proper and complete performance of my dutie		
	A second the congulors of my po	mion us regimereu ugeni.		
1-	(Registered agent's s	signature)		
10. Attached is a	certificate of existence duly authenticated	, not more than 90 days prior to delivery of this application to		

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

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 Alec Vicari-Epstein Stephen Wolff ☐ Chairman □Chairman Name: 1538 Bentin Drive North 321 Richard Road □Vice Chairman Address: ☐ Vice Chairman Address: Jacksonville Beach FL 32250 Yardley, PA 19067 □Director Director ☐ President ☐ President ☐Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer CFO Other CEO Other □Other Other □ Chairman Name: □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: ☐ Director □ Director □President ☐ President □Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □ Other ☐ Other _____ □ Chairman Name: ______ □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: ______ Director □ Director ☐ President □ President ☐ Vice President ☐ Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer Other □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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. Alec Vicari-Epstein

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

DELAWARE, DO HEREBY CERTIFY "BRYANT PARK CONSULTING, 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 FIFTEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRYANT PARK CONSULTING, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2021.



Authentication: 202982944

Date: 04-15-21