

Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
INDUSTRIAL BRAKE AND CLUTCH EXCHANGE, INC.**

Certificate of Status	1
Certified Copy	0
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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.

1. INDUSTRIAL BRAKE AND CLUTCH EXCHANGE, INC.
(Name of corporation; must include the word "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)

2. NEW JERSEY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 17, 1998 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida if prior to registration.)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10930 ENDEAVOUR WAY SUITE E, SEMINOLE, FL 33777
(Principal office address)

10930 ENDEAVOUR WAY SUITE E, SEMINOLE, FL 33777
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

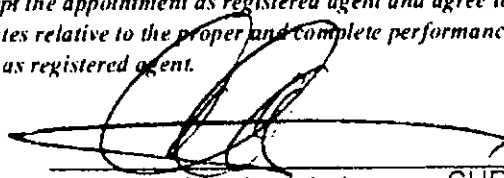
Name: CHRISTOPHER MAKRILOS

Office Address: 10930 ENDEAVOUR WAY SUITE E

SEMINOLE, Florida, 33777
(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) CHRISTOPHER MAKRILOS

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 addresses of officers and/or directors:

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHRISTOPHER MAKRILOS

Address: 10930 ENDEAVOUR WAY SUITE E

SEMINOLE, FL 33777

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

(Signature of Director or Officer listed in number 12 of the application)

13. CHRISTOPHER MAKRILOS, PRESIDENT

(Typed or printed name and capacity of person signing application)

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

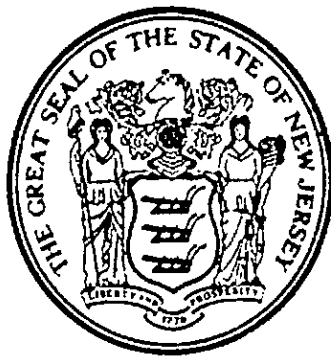
**INDUSTRIAL BRAKE AND CLUTCH EXCHANGE, INC.
0100755017**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 17, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CHRISTOPHER MAKRILOS
2 ROUTE 9 NORTH
MORGANVILLE, NJ 07751



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of May, 2021*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6119147526

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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