

9/23/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F21000357913

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2217
Fax Number : (305)397-2683

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: TLMILLER@DUANEMORRIS.COM

FOREIGN PROFIT/NONPROFIT CORPORATION
BRAINSTATION LTD.

Certificate of Status	0
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ELECTRONIC FILING

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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. BRAINSTATION LTD.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BRAINSTATION LTD. CORP.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

3. 82-0964026

(State or country under the law of which it is incorporated)

(FEL number, if applicable)

4. 03-23-2017

5. PERPETUAL

(Date of incorporation)

(Date of duration, if other than perpetual)

6. DATE OF FILING

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

7. 700 S. ROSEMARY AVE., STE 204-129, WEST PALM BEACH, FL 33401

(Principal office street address)

700 S. ROSEMARY AVE., STE 204-129, WEST PALM BEACH, FL 33401

(Current mailing address, if different)

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS ST.

TALLAHASSEE, FL

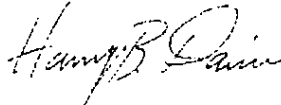
(City)

, Florida 32301

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

H21000357913

A. DIRECTORS

1121000357913

☐ Chairman Name: GEORGE KONRAD
☐ Vice Chairman Address: 469 KING ST. WEST
☒ Director STE. 200
☒ President TORONTO, ONTARIO
☐ Vice President CANADA M5V 1K4
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: WILLIAM KONRAD
☐ Vice Chairman Address: 469 KING ST. WEST
☒ Director STE. 200
☐ President TORONTO, ONTARIO
☐ Vice President CANADA M5V 1K4
☒ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ 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.817.125, F.S.

13. GEORGE KONRAD, DIRECTOR, PRESIDENT

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

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAINSTATION LTD." 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAINSTATION LTD." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2017.

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



6357484 8300

SR# 20213329368

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204236607

Date: 09-23-21

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BRAINSTATION LTD.
700 S. Rosemary Ave., Ste. 204-129
West Palm Beach, FL 33401

September 23, 2021

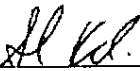
Florida Dept. of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Use of Name "**BrainStation LP**"

To Whom it May Concern:

Please be advised that the undersigned hereby grants consent to the use of the name "**BrainStation LP**" in the State of Florida.

BRAINSTATION LTD.

By: 
Name: George Konrad
Title: President