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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRYTEBRIDGE CONSULTING, LLC

Account Number : I20200000117 Phone : (407)278-1552 Fax Number : (407)857-9309

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

Email Address: frankpulcianipsp@yahoo.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Fire Safety Foundation, Inc.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

TO:	Registration Sec Division of Co			
01/01	ECT: Fire Safety !			
SUBJ	ECT:	Name of Corporation	n - must include suffix	
~ ~		·		
Dear S	ir or Madam:			
Affairs	in Florida", "Cer	on by Foreign Not for Profit tificate of Existence", or "Ce need not for profit corporatio	rtificate of Status" and che	eck are submitted to
Please	return all correspo	ondence concerning this matt	er to the following:	
	Hector G	uadalupe		
		Name of	Person	
	BryteBrio	ige Consulting LLC		20. 2
	<u> </u>	Firm/Co	mpany	2022 FEB -
	7021 Uni	versity Blvd		37 ~ ;
	***************************************	Add	ress	
	Winter Pa	irk, FL 32792		## 8:27
		City/State an	d Zip Code	·
	frankpulci	ianipsp@yahoo.com		
	E-m	ail address: (to be used for fu	iture annual report notifica	ition)
For fur	ther information o	concerning this matter, please	e call:	
Frank	Pulciani	at (_	708 417-0229	
	Name of	Person A	Area Code Daytime Tel	ephone Number
	Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Street Address: Registration Section Division of Corpora The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	nassee cet, Suite 810
Please	ed is a check for t make check payable 0.00 Filing Fee	he following amount: to: FLORIDA DEPARTMENTS \$78.75 Filing Fee & Certificate of Status	NT OF STATE ■S78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status &

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2022-02-07 17:52:22 GMT

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From: Andrea Ortega

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unava	nilable in Florida, enter atternate con	rporate name adopted for the purpose of tran	sacting business in Florida)
2. New Jersey		orporated) 3. 84-4495619 (FEI number, if	
4. 01/22/2020		5.	
(i	Date of Incorporation)	5. (Date of duration, if	other than perpetual)
6. (Date first cond	ucted affairs in Florida if prior to regi	stration. See sections 617,1501 & 617,1502, F	S, to determine penalty liability.)
7 1056 US HW	Y 9 Suite 289, Parlin, NJ 08859		
/·		rincipal office <u>street</u> address)	
220 Sea Sound	Circle Apt 2101, Panama City Bea	ch El 324 0 7	
		rent mailing address, if different)	
	(4	, , , , , , , , , , , , , , , , , , , ,	
Bira Cafaty Bo	undation Tue arouides fire safety e	ducation to learning centers, schools and chi	urches.
(Purpose(s) of	corporation authorized in home state	ducation to learning centers, schools and chi e or country to be carried out in the state of I	Florida)
(Turpose(s) or	emporanon dunici ized in nome said	to be considered and the second and the	
		agent: (P.O. Box NOT acceptable)	Florida)
	The District		30 00 C
Name:	Pank Policiani		3:: 2
Office Address:	220 Sea Sound Circle Apt 2101		
	Panama City Beach	Florida 32407 (Zip Cod	
	(City)	(Zip Cod	c)
10. Registered	l agent's acceptance:	accept service of process for the above .	stated normarities at the place
designated in th	is application. I hereby accept t	the appointment as registered agent and	d agree to act in this capacity. I
further agree to	comply with the provisions of a	all statutes relative to the proper and co	mplete performance of my duties,
and I am Jamili	ar with and accept the obligation	ns of my position as registered agent.	
and I am famili	ar with and accept the obligation	ons of my position as registered agent.	
	-	1 m	

11. 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.

From: Andrea Ortega

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

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□ Chainnan	Name:	□Chairman	Name:	
□Vice Chairman	Address:	Il Vice Chainnan	Address:	
Director	Orland Park, IL 60467]Director		
■ President		□ President		
□Vice President		□Vice President		
□Secretary	☐Treasurer	□Secretary		∃Treasurer
Other:	☐ Other:	□Other:		Other:
□Chairman	Name: Frank Pulciani	□Chairman	Name:	
□Vice Chairman	Address: 220 Sea Sound Circle Apt 2101	□Vice Chainnan	Address:	
□Director	Panama City Beach, FL 32407	□Director		
□President		TPresident		
□Vice President		□Vice President		
Secretary	■ Treasurer	Secretary		□Treaspirer. 6
□Other:	Other:	□ Other:	_	Dother: 7
∐Chairman	Name:	II C'hairman	Name:	ST. 8. C
□Vice Chairman	Address: 7100 W 99th Place 2nd Floor	□Vice Chairman	Address:	
□Director	Chicago Ridge, IL 60415	_1Director		
□ Pre sident		ElPresident		
ElVice President		ZIVice President		
■ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other:	71 Other:	COthert		□Othert
NOTE: Importar Non-indexed indi	nt Notice: Use an attachment to report more than viduals may be added to the index when filing you (Sumature of Chairman, Vice Chairman, or any	our Florida Department	of State Annua	il Report form.

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

Frank Pulciani, Treasurer

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

FIRE SAFETY FOUNDATION, INC.

0101055009

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on January 22, 2020.

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:

FRANK PULCIANI 1056 US HIGHWAY 9 SOUTH SUITE 289 PARLIN, NJ 08859



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of February, 2022

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6128192644

Verity this certificate online at

https://www.l-state.nj/us/TYTR_StandingCort/ISP/Verify_Cert/pp