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### **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJ	ECT·	В	RAKOCEV	TIC INC.	
5020		Name of o	corporation	n - must include suffix	
Dear S	Sir or Madam:				
"Certif		or "Certificate of	Good Star	Authorization to Transact adding" and check are submess in Florida.	
Please	return all correspon	ndence concerning	this matte	r to the following:	
		Nŧ	ENAD BRA	KOCEVIC	
		<del></del>	Name of	Person	
			BRAKOCE	EVIC INC.	
			Firm/Con	npany	
		2881 (	CINNAMO	N BEAR TRAIL	
		•	Addr	ess	
		PAL	M HARBO	PR, FL 23684	
	-	C	ity/State a	ind Zip code	
		п	brakocevic	@gmail.com	
-		E-mail address: (t	o be used	for future annual report no	tification)
For fur	ther information co	ncerning this matte	er, please o	call:	
NEN	AD BRAKOCEVIC	at (	312	451-8591	
	Name of Person		Area Cod	e Daytime Telepho	one Number
	STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on rations lahassee Street, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please r	ed is a check for the nake check payable to .00 Filing Fee [		RTMENT	**OF STATE 3 \$78.75 Filing Fee & Certified Copy	\$87.50 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.

1.		orporation; must include "INCORPORATED.	" "COMPANY," "CORPORATION,"		<del>-</del>
	"Inc.," "Co.," "C	огр," "Inc." "Co," or "Coгр.")			
	(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)	-
2.	STATE OF ILLINOIS EIN: 46-5593806				
۷.	(State or countr	y under the law of which it is incorporated)	(FEI number, if applie	cable)	-
4	April 30, 2014	5.			
⊸.	(Date	of incorporation)	(Date of duration, if other than	perpetual)	-
6.	January 9, 2023				
υ,		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 502, F.S., to determine penalty liability)		-
7.		2881 Cinnemon Bear Trai	l Palm Harbor FL 34684		
٠٠,		(Principal offi	ce street address)	-	-
		(Current mailin	g address, if different)	2027	
8.	Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)		٠.,
	Name:	Nenad Brakocevic		٠ د	•
	ivanic.	2881 Cinnamon Bear Trail	<del></del>	<del>-0</del>	
Of	fice Address:	2001 Chinamon Bear Fran		$\ddot{\omega}$	
		Palm Harbor	, Florida <sup>34684</sup>	.2-	
		(City)	(Zip code)		
Ho de. fui	aving been name signated in this orther agree to co	ent's acceptance:  ed as registered agent and to accept servic  application, I hereby accept the appointm  omply with the provisions of all statutes re  with and accept the obligations of my pos	tent as registered agent and agree to elative to the proper and complete p	o act in this capa	city. I
	_	Newood Bako	cenc	_	
		(Registered agent's sign	gnature)		

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: NENAD BRAKOCEVIC	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Palm Harbor FL, 34684	□Director			
President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	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	□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman			
□Director		□Director			
□President		□President			
□ Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·	
☐ Secretary	□Treasurer	□Secretary		□Treasurer	
Other		□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.					
13. Nenad Brakocevic / President					

#### File Number

6941-952-6



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BRAKOCEVIC INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 30, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of DECEMBER A.D. 2022 .

Authentication #: 2235900654 verifiable until 12/25/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE