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(((H230000804183)))



H230000004163ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.

Account Number : 072100000047 Phone : (561)659-1770 Fax Number : (561)833-2261

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

Email Address: BALLAS@AMRL.COM

FOREIGN PROFIT/NONPROFIT CORPORATION **BRL LIMITED CORPORATION**

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COVER LETTER

		ration Section on of Corporations			
SUBJE	CT:	BRL Limited Corporation			
Name of corporation - must include suffix					
Dear Si	r or Ma	adam:			
"Certifi	cate of	'Application by Foreign Corpo Existence," or "Certificate of ed foreign corporation to trans	Good Stand	ing" and check are submitted	
Please r	eturn a	all correspondence concerning	this matter t	to the following:	
David R	. Maas	9, Esq.			
	****		Name of P	erson	
Alley, N	Aass, I	Rogers & Lindsay, P.A.			
			Firm/Comp	pany	
340 Roy	yal Poir	nciana Way - Suite 321			
			Addres	39	
Palm Be	each, F	lorida 33480			
	•	C	ity/State an	d Zip code	
ballas@	amrl.co	om			
		E-mail address: (t	o be used fo	or future annual report notific	cation)
For furt	ther int	formation concerning this matte	er, please ca	di:	
David R	R. Maas	§ at	561) 659-1770	
	Name	e of Person	Area Code	Daytime Telephone	Number
	Regis Divisi The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n ations
	nake ch	check for the following amount eck payable to: FLORIDA DEPA ng Fee	ARTMENT ee &		\$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.

	orporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION,"	
"Inc ," "Co ," "Co	огр," "Inc," "Co," or "Corp.")		
(If name unavails	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
•		not applicable	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
August 25, 2021		perpetual	
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
upon qualification	n(
		n Plorida, if prior to registration) 502, F.S., to determine penalty liability)	
110 E. Broward E	Boulevard, Suite 1700, Port Lauderdale, Florid	ia 33301	
	(Principal off	ice street address)	
	(Current maili	ng address, if different)	
Name and stree	t address of Florida registered agent: (P.G	O. Box NOT acceptable)	
Name: David R. Maass			
Name			
Name:			
	340 Royal Poinciana Way - Suite 321		
	340 Royal Poinciana Way - Suite 321 Palm Beach	, Florida <u>33480</u>	
	340 Royal Poinciana Way - Suite 321	, Florida	
ffice Address:	340 Royal Poinciana Way - Suite 321 Palm Beach (City)	, Florida 33480	
ffice Address: Registered age aving been nam	340 Royal Poinciana Way - Suite 321 Palm Beach (City) ent's acceptance: led as registered agent and to accept serv	ice of process for the above stated corporation at the pl	
fice Address: Registered age aving been nam signated in this	340 Royal Poinciana Way - Suite 321 Palm Beach (City) ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint	ice of process for the above stated corporation at the pl ment as registered agent and agree to act in this capaci	
ffice Address: Registered age aving been namesignated in this	Palm Beach (City) ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoints omply with the provisions of all statutes i	ice of process for the above stated corporation at the pl ment as registered agent and agree to act in this capaci relative to the proper and complete performance of my	
ffice Address: Registered age aving been namesignated in this arther agree to co	Palm Beach (City) ent's acceptance: end as registered agent and to accept serv application, I hereby accept the appoints omply with the provisions of all statutes is with and accept the obligations of my po	ice of process for the above stated corporation at the pl ment as registered agent and agree to act in this capaci relative to the proper and complete performance of my osition us registered agent.	
ffice Address: Registered age aving been namesignated in this	Palm Beach (City) ent's acceptance: end as registered agent and to accept serv application, I hereby accept the appoints omply with the provisions of all statutes is with and accept the obligations of my po	ice of process for the above stated corporation at the pl ment as registered agent and agree to act in this capaci relative to the proper and complete performance of my osition us registered agent.	
ffice Address: Registered age aving been namesignated in this arther agree to co	Palm Beach (City) ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoints omply with the provisions of all statutes i	ice of process for the above stated corporation at the pl ment as registered agent and agree to act in this capaci relative to the proper and complete performance of my osition us registered agent.	

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: Sevim Perry	□ Chairman	Name:				
□Vice Chairman	Address: 110 E. Broward Street, Suite 1700	□ Vice Chairman	Address:				
Director	Fort Lauderdale, Florida 33301	□Director					
President		□President					
□Vi∞ President		□Vice President					
Scoretary	☐Trcasure r	□ Secretary	□Treasurer				
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	C)Other				
□ Chairman	Name:	☐ Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
☐ President		□ Prcsident					
☐ 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. Sevim Perry

THE REPUBLIC OF THE MARSHALL ISLANDS REGISTRAR OF CORPORATIONS

CERTIFICATE OF GOODSTANDING

I HEREBY CERTIFY, That I have made a diligent examination of the files of The Trust Company of the Marshall Islands, Inc., Registrar of Corporations for non-resident corporations, in respect of all instruments filed in accordance with § 5 of the Marshall Islands Business Corporations Act regarding

BRL LIMITED Registration Number 110589

incorporated on

August 25, 2021

and with Registered Agent

The Trust Company of the Marshall Islands Inc.
Trust Company Complex
Ajeltake Road, Ajeltake Island
Majuro, Marshall Islands MH96960

and upon such examination, I find no filed or recorded instruments that would contravene that such corporation is and remains a subsisting corporation and that the corporation has paid all taxes and fees due and payable and, therefore, is in good standing as of the date hereon.



WITNESS my hand and the official seal of the Registry on March 2, 2023.

Domonique Robinson

Deputy Registrar