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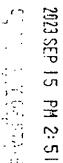
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COVER LETTER

Division of Corporation	s			
SUBJECT: Brighton Enterprise	es, Inc.			
	Name of corpor	ation - mu	st include suffix	
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpor	ertificate of Good	Standing"	and check are submi	
Please return all correspondence	concerning this m	atter to the	e following:	
Braedon Young				
	Nam	e of Perso	n	
Brighton Enterprises, Inc.				
	Firm/	Company		
2000 PGA Blvd Suite 4440				
	F	Address		
Palm Beach Gardens, FL 33408				
•••	City/St	ate and Zip	p code	
byoung@brightongold.com				
E-ma	il address: (to be u	sed for fut	ure annual report not	ification)
For further information concerni	ing this matter, ple	ase call:		
Braedon Young	at (37	²8-8058	
Name of Person	Area	Code	Daytime Telephor	ne Number
STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	s ee		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
		□ \$78.		\$ \$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.

	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business i	n Florida)
Colorado	J	38-4258377	
	ry under the law of which it is incorporated)	(FEI number, if applicable)	
2/28/2012 	5	(Date of duration, if other than perpetu	
(Date	of incorporation)	(Date of duration, if other than perpetu	ıal)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
00 PGA Bivd S	Suite 4440 Palm Beach Gardens, FL 33410		
 .			
	(Time ipar offic	e <u>street</u> address)	
		e <u>street</u> address) address, if different)	
Name and <u>stre</u> Name:		address, if different)	
	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2023 (Si
Name:	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc	Box NOT acceptable)	2023 SEP
Name:	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300	Box NOT acceptable)	2023 SEP 15
Name: ce Address:	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)	Box NOT acceptable)	•
Name: ce Address: Registered ag	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300 St. Petersburg	Box NOT acceptable) Florida 33702 (Zip code)	
Name: ee Address: egistered aging been nan	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)	Box NOT acceptable) Florida 33702 Zip code) e of process for the above stated corporation as registered agent and agree to act in	on at the

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]:

A. DIRECTORS Braedon Young □ Chairman Name: □Chairman 103 Lone Pine Ln □Vice Chairman Address: □Vice Chairman Address: Palm Beach Gardens, FL 33410 □ Director □ Director **Z**President □ President □Vice President □Vice President □Treasurer □ Secretary ☐ Secretary ☐ Treasurer □Other _____ ☐Other _____ □Other _____ □Other _____ Name: _____ □ Chairman □ 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 Address: □ Director □ Director □President □President □Vice President _____ ☐ Vice President ☐ Secretary □ Treasurer ☐ Secretary □Treasurer □Other _____ □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 whenfiling your Florida Department of State Annual Report form. 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. Braedon Young

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Brighton Enterprises, Inc.

is a

Corporation

formed or registered on 12/28/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121717432.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/06/2023 that have been posted, and by documents delivered to this office electronically through 09/10/2023 @ 21:12:11.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/10/2023 @ 21:12:11 in accordance with applicable law. This certificate is assigned Confirmation Number 15308019



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosov.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions."

ACTION OF SOLE INCORPORATOR BRIGHTON ENTERPRISES, INC.

THE UNDERSIGNED, without a meeting, being the sole incorporator of the Corporation, does hereby elect the person(s) listed below to serve as director(s) of the Corporation until the first annual meeting of shareholders and until successor(s) are elected and qualify:

BRAEDON YOUNG

Bob Lambert

Bob Lambert, Incorporator, Representative of Lawyers Limited

Dated: December 28, 2012

This is the document that gives control of the company to you. Your name is not required to be listed in the articles of incorporation.



Colorado Secretary of State

Date and Time: 12/28/2012 11:55 AM

1D Number: 20121717432

Document number: 20121717432

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

Brighton Enterprises, Inc.

(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp,", inc.", "co." or "ltd", See §7-90-601, C.R.S. If the corporation is a professional or special purpose corporation, other law may apply.)

(Caution: The use of certain terms or abbreviations are restricted by law, Read instructions for more information.)

2. The principal office address of the corporation's initial principal office is

Street address	4950 S. Yosemite, F2	! #11 7		
	(Street i	number and name)	
	Greenwood Village	CO	80111	
	(City)	United S	States (ZIP/Postal Code)	1
	(Province - if applicable)	(Count	ייָת	
Mailing address				
(leave blank if same as street address)	(Street number and no	me or Post Office	Box information)	
	(City)	(State)	(ZIP/Postal Code)	,
	•	_	<u> </u>	
e registered agent name and registe	(Province - if applicable) red agent address of the corpor	(Count ration's initia		
Name	• • • • • • • • • • • • • • • • • • • •			
-	red agent address of the corpor	ration's initia	I registered agent are	
Name	• • • • • • • • • • • • • • • • • • • •		I registered agent are	
Name (if an individual) or (if an entity)	red agent address of the corporation (Last) Registered Agents Inc.	ration's initia	I registered agent are	
Name (if an individual) or	red agent address of the corporation (Last) Registered Agents Inc.	ration's initia	I registered agent are	
Name (if an individual) or (if an entity)	red agent address of the corporation (Last) Registered Agents Inc.	ration's initial (First)	I registered agent are	
Name (if an individual) or (if an entity) (Caution: Do not provide both an indivi	(Last) Registered Agents Incidual and an entity name.) 1942 Broadway Stree	ration's initial (First)	l registered agent are	
Name (if an individual) or (if an entity) (Caution: Do not provide both an indivi	(Last) Registered Agents Incidual and an entity name.) 1942 Broadway Stree (Street)	ration's initial (First) C.	l registered agent are	(Suf)
Name (if an individual) or (if an entity) (Caution: Do not provide both an indivi	(Last) Registered Agents Incidual and an entity name.) 1942 Broadway Stree (Street r	(First)	registered agent are	(Suf
Name (if an individual) or (if an entity) (Caution: Do not provide both an indivi	(Last) Registered Agents Incidual and an entity name.) 1942 Broadway Stree Ste 314C Boulder	(First) t number and name,	I registered agent are	(Suf

		CO		
	(City)	(State)	(ZIP/Postal Code)	
(The following statement is adopted by mai	rking the hox)			
	istered agent above has consen	ted to being so appo	ointed.	
	C	G 11		
4. The true name and mailing addre	ess of the incorporator are			
Name				
(if an individual)	Lambert	В		
	(Last)	(First)	(Middle) (S	ufftr
or				
(if an entity)				
(Caution: Do not provide both an	individual and an entity name.)			
Mailing address	4950 S. Yosemite	, F2 #117		
g udd.ess		nd name or Post Office E	lox information)	
	Greenwood Villag		80111	
	(City)	United S	(ZIP/Postal Code)	
	(Province – if applicable			
The classes of shares and numbe follows.	r of shares of each class that th	e corporation is aut	horized to issue are as	:
At the following statement applie	s, adopt the statement by marking the ba	as and antice the month of	Colours a	
The corporation is author		· · · · · · · · · · · · · · · · · · ·	all have unlimited vot	ino
	receive the net assets of the co			5
ara za z				
	s, adopt the statement by marking the boggarding shares as required by s			311
attachment,	garang mares as required by s		o.re.s., is included in a	***
(Caution: At least one box must be n	narked. Both boxes may be marked,	if applicable.)		
6. (If the following statement applies, adopt th	se statement he marking the has and incl	riche em enterchmant i		
This document contains addi				
 (Caution: Leave blank if the documen significant legal consequences. Read 			effective date has	
tlf the following statement applies, adopt to The delayed effective date and, i		nent is/are		
		(mm/c	kl/yyyy hour;minute am/pm)	

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic

statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Wessell	Kevin		
28015 Smyth Dr	(First)	(Middle)	(Suffix)
(Street number	and name or Post Of	fice Box information)	
Valencia	CA	91355	
(City)	(State) United S	(ZIP/Postal Code	7
(Province - if applicable)	(Count	וּיָּט	
 up the statement by marking the box and the name and mailing address delivered for filing.			

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).