# F2400003310

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(Business Entity Name)
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### **COVER LETTER**

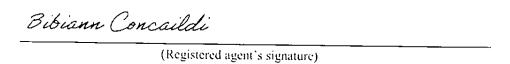
TO: Registration Section Division of Corporations		
SUBJECT: Brokerage Consultants Inc.		
	ion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact business."	fanding" and check are submitted to wait a make	
Please return all correspondence concerning this mat	eter to the following:	
Tony Pietrzak		
Name o	of Person	
Brokerage Consultants Inc.		
Firm/Co	ompany	
159 North Sangamon St., Suite 200		
Add	dress	
Chicago, IL 60607		
	and Zip code	
tony@beius.com		
E-mail address; (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Tony Pietrzak 708	) <u>243-4648</u>	
Name of Person Area Co	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$70.00 Filing Fee	T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certified Copy Certified Copy  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.

(Enter name of	sultants Inc. corporation; must include "INCORPORAT! Corp." "Inc." "Co." or "Corp.")	ED." '	COMPANY," "CORPORATION,"		
	sorp. The Co. of Corp. )				
(If name unavai	lable in Florida, enter alternate corporate na	——— me ado	anted for the purpose of transacting busing	ove in Plantala	
Illinois		36	36-3827665		
(State or country under the law of which it is incorporated		3	(FEI number, if applicable)		
May 27 1992	· ·	5. N.	• •	,	
(Date of incorporation)		٥	(Date of duration, if other than per	petual)	
June 1, 2024				,	
	(Date first transacted busines	s in Fl	orida, if prior to registration)	<del></del>	
150 North Sanaa		1.1502	F.S., to determine penalty liability)		
	mon St., Suite 200 Chicago, IL 60607				
NA	(Principal o	office ;	street address)		
	(Current me	ilina a	ddress, if different)	2 7/2	
	(Curen ma	ការស្តី ប	adress, it different)		
Name and stre	<u>et address</u> of Florida registered agent: (I	2.O. E	ox NOT accentable)	Slow or or	
Name:	COGENCY GLOBAL INC.			77	
	115 NORTH CALHOUN Suite 4		_	بي	
fice Address:	113 NORTH CALHOON Stille 4		_	7	
	TALLAHASSEE		_ , Florida		
	(City)		(Zip code)		

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.



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: Matthew Weller	□ Chairman	Name:			
□Vice Chairman	Address: 159 North Sangamon St	□Vice Chairman	Address:			
□Director	Chicago, IL 60607	□Director				
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	□Other			
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	Name: Tony Pietrzak  Name: 159 North Sangamon St  Address: Chicago, IL 60607	□Chairman □Vice Chairman □Director □President □Vice President	Name:Address:			
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	Other			
	Name:	□Chairman □Vice Chairman □Director	Name:			
□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 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.  Tony Pietrzak						

#### File Number

5684-947-5



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

I, Alexi Giannoulias, 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

BROKERAGE CONSULTANTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 27, 1992, ADOPTED THE ASSUMED NAME BCI ON JULY 06, 2015, 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 3RD day of JUNE A.D. 2024

Authentication #: 2415502500 verifiable until 06/03/2025

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

Alexi Giannoul

SECRETARY OF STATE