Qualification/Tax Lien Section To: Division of Corporations

SUBJECT: Braunex Insurance & Financial Services Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bruce Hearon (Name of Person) Braunex Insurance & Financial Services Inc. (Firm/Company) 140 Bishopscourt Road (Address) 34229 Osprey, Florida (City/State/Zip) 800002

Should you need to call someone concerning this matter, please call:

W98-2829

Bruce Hearon

at (941) 966-8099

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

MAILING ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

\$78.75 Filing Fee & Certified Copy

 ■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 18, 1998

BRUCE HEARON BRAUNEX INSURANCE & FINANCIAL SERVICES 140 BISHOPS RD OSPREY, FL 34229

SUBJECT: BRAUNEX INSURANCE & FINANCIAL SERVICES INC

Ref. Number: W98000028297

We have received your document for BRAUNEX INSURANCE & FINANCIAL SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 998A00059500

99 JAN -7 AM 8: 3:

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.

2.

1.	Braunex :	Insurance & Financial Services Incorporated			
		(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or			
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a				
	natural person	or partnership if not so contained in the name at present.)			
2	Delaware	91–1787248		-	
		y under the law of which it is incorporated) (FEI number, if applicable)			
	•	•			
4.	03/05/97	5. Perpetual (Duration: Year corp. will cease to exist or "per		_	
	(Da	ate of incorporation) (Duration: Year corp. will cease to exist or "per	petual")	
6	01/01/9	9			
υ.	(Date fir	st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)			
	•		. ~	<u> </u>	
7.		140 Bishopscourt Road	99	<u></u>	
		Osprey, FL 34229	⋚	_ <u>i</u> 28	
		(Current mailing address)			
		(Current maning address)	1	340	
	_			유리 .	
8.		f insurance & financial products		_ ္ကြဲတ 	
	(Purpose	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	သ		
٥	Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accept		S	
7.	Name and Sc	acception of Fibrida registered agent: (F.O. Box of Mail Drop Box MOT accept	ablej		
	Name:	Bruce Hearon			
		and the second of the second o			
Of	fice Address:	140 Bishopscourt Road			
		Osprey , Florida, 34229	_		
		(Zip code)			
10	. Registered	agent's acceptance:			
77					
MQ im :	wing been nam this application	ed as registered agent and to accept service of process for the above stated corporation at th , I hereby accept the appointment as registered agent and agree to act in this capacity. I fu	re place	designated	
coi	mis application mply with the n	, I hereby accept the appointment as registered agent and agree to act in this capacity. I furorisions of all statutes relative to the proper and complete performance of my duties, and I	iriner a; Lam fai	gree to miliar with	
anı	d accept the ob	ligations of my position as registered agent.	· um ju	***************************************	
	_	A. Mari		-	
		- Bul Heave			
		(Registered agent's signature)			

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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Bruce Hearon 140 Bishopscourt Road Address: ___ Osprev. Florida 34229 Vice Chairman: Address: Director: Address: Director: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: ____ Bruce Hearon Address: _____ 140 Bishopscourt Road Osprey, Florida 34229 Vice President: Address: __ Secretary: Address: _ Treasurer: NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or directors.

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

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Hearon

${\it State of Delaware}$

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAUNEX INSURANCE & FINANCIAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 1998.

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Edward J. Freel, Secretary of SD&D4253

AUTHENTICATION:

11-09-98

DATE:

981429387