To:

| To: Qualifica | tion/Tax Lien Section of Corporations | | | e e |
|---|---|---|--|-----------------------------|
| Division | of Corporations | | | |
| SUBJECT: | BRISBANE CAL | PITAL CORP. LIMITED | _ | |
| | (Name of cor | rporation - must include suffix | () | |
| Dear Sir or Mada | m: | | | |
| The enclosed "Ap" "Certificate of Exto transact busine | oplication by Foreign Corporati istence", and check are submit ss in Florida. | ion for Authorization to Trans ted to register the above refere | eact Business in Florida enced foreign corporat | n", ion |
| Please return all c | orrespondence concerning this | matter to the following: | | |
| | LILY NIETO | | - | |
| | | ame of Person) | | · |
| | BRISBANE CAPIT | TAL LTD. | 1 | <u> </u> |
| _ | (Fi | rm/Company) | | 38 |
| | | AL HWY. STE. # 307 (Address) | HASSEE | FILE SEP 29 P |
| | BOCA RATON, FI | . 33/32 | | P II D |
| <u></u> | | ty/State/Zip) | <u> </u> | |
| LILY NIETO | at (<u>50</u> . | 1) 368-4077 | at the second of the second | 556 163-012 ****70.00 |
| (Name of) | rerson) (A | Area Code & Daytime Telepho | one Number) | , ,, _{\psi} |
| | | | 1 1.1.1.1. | J.A 1 |
| STREET ADDRE | SS: | MAILING ADDRESS | S: | |
| Qualification/Tax L Division of Corpora 109 E. Gaines St. Fallahassee, FL 32 | itions | Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | ns | · |
| inclosed is a check | for the following amount: | | / | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Stat Certified Copy | us & |

The R



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 15, 1999

LILY NIETO BRISBANE CAPITAL LTD. 1200 N FEDERAL HWY STE 307 BOCA RATON, FL 33432

SUBJECT: BRISBANE CAPITAL LTD. CORP.

Ref. Number: W99000021144

We have received your document for BRISBANE CAPITAL LTD. CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name should be LTD, CORP.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 799A00045279

99 SEP 29 PM 1: 45
SECTION OF STAIL

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.

| BRISBANE CAPITAL LTD., CORP. | | | | | | | 14. | | |
|---|---|--|--------------------------------|-------------------------------|----------------|--------------------------|------------------------|-----------------|--------------|
| words or abbrevia | tion; must include the word "INCC tions of like import in language as partnership if not so contained in the | will clearly indic | ate that it is | | | | | | |
| 2. BRITISH V | IRGIN ISLANDS | 3. | 65-064 | 47550 | - | | - | - | |
| (State or country u | inder the law of which it is incorpo | orated) | (F | EI number, i | if applical | ole) | • | | 1 15 |
| 4. FEBRUARY | 9, 1996 | 5, | PERPE: | TUAL | | | | | - |
| (Date | of incorporation) | (Duration: | Year corp. v | will cease to | existor " | perpetual | ") | | |
| 6 | ··· · · · · · · · · · · · · · · · · | | | - | | | - | | 45-7- |
| (Date first tr | ransacted business in Florida.) (SE | E SECTIONS 60 | 7.1501, 607. | 1502 and 81 | 7.155, F. | S.) | | | |
| 7. <u>1200 N. F</u> | EDERAL HWY. STE. #307 | | | | | | | _ | |
| BOCA RATO | N, FL 33432 | | | | | | | | |
| | | iling address) | | | | | | _ | - |
| _ INVESTME | 'N'T'Q | | | | | | | | |
| 8 | of corporation authorized in home | | _ 1 | | .CEL 11 | | · - · - · · | | |
| 9. Name and stree | et address of Florida registere | d agent: (P.O. | Box or Ma | il Drop Bo | x <u>NOT</u> a | cceptable | s) ထူ | - . <u>.</u> | |
| Office Address: | 1200 N. FEDERAL HWY. | STE. #307 | | | | LLAN. | 9.SEP | | - |
| · _ | BOCA RATON | · . | Florida, | 33432 | | ASSEE ASSEE | 29 F | | - ·· |
| | | | (Zip | code) | | | PH F: | O | · |
| 10. Registered ago | ent's acceptance: | | | | | 18.97 17.14 | £5 | | |
| this application, I he with the provisions o | as registered agent and to accept s reby accept the appointment as re f all statutes relative to the proper position as registered agent | gistered ægent an | d agree to a | ct in this ca | pacity. I | further ag | gree to | compl | y |
| | Registored | - Dille I agent's signature | etar | | ٠ | - . | . , | | - |
| 11. Attached is a cert Department of State, which it is incorporate | ificate of existence duly authenticate by the Secretary of State or other o | ated, not more tha fficial having cus | n 90 days pri tody of corpo | ior to delive orate record | ry of this a | applicatio risdiction | n to the under t | he law | of _ |

Hi. a

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

| A. DIRECT | ORS (Street address only - P.O. Box NOT acceptable) | |
|-------------------|--|-------------|
| Chairman: _ | • | juli. |
| Address: | | |
| | | |
| ▼ Vice Čhairma | ian: | .1. |
| Address: | | <u></u> |
| | | , 47 |
| Director: | LESLIE L. ALEXANDER | <u>.</u> . |
| Address: | 1200 N. FEDERAL HWY. STE. #307 | |
| | BOCARON, FL 33432 | - |
| Director: | | . , |
| Address: | | . ;: |
| | | |
| B. OFFICI | ERS (Street address only - P.O. Box NOT acceptable) | |
| President: _ | SCOTT FRIED | ē. |
| Address: | 1200 N. FEDERAL HWY. STE. #307 | |
| | BOCA RATON, FL 33432 | -194. |
| Vice Preside | ent: | |
| Address: | Fo SE | - |
| | 75 29 L | <u></u> |
| Secretary: _ | Fig. 2-0 | • • |
| Address: | | - |
| - | | , |
| Treasurer: | | |
| Address: | | F |
| Address | | |
| NOTE: 16. | necessary, you may attach an addendum to the application listing additional officers and/or directors. | |
| | flood the form | |
| 13 | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | |
| 145 | DOTT Fried - President | e: |
| | (Typed or printed name and capacity of person signing application) | |

