## M18000006043

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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE	6/28/2018		#WALK IN#
ENTITY	NAME	BRAVO FLUID SOLUTIONS LLC	
DOCUM	ENT NUMBER_		
		**PLEASE FILE THE ATTACHED AND RETURN**	
		Plain Copy	
XXXXX	<u> </u>	Certified Copy Certificate of Status	
	**/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
		**APOSTILLE' / NOTARIAL CERTIFICATION**	
	RY OF DESTINAT R OF CERTIFICA	TIONTES REQUESTED	
TOTAL	OWED 155.00	О СНЕСК # 4992	_
Please	call Tina at ti	he above number for any issues or concerns. Thank you so	mach!

## COVER LETTER

	Registration Sec Division of Corp			
SUBJEC.		Solutions, LLC		
		Name	of Limited Liability Company	
The enclo Existence	sed "Application , and check are s	n by Foreign Limited Liability Co submitted to register the above ref	mpany for Authorization to Ti erenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please ret	um all correspoi	ndence concerning this matter to t	he following:	
	Dolore	s Burton		
	•		Name of Person	***************************************
	United	Corporate Services, Inc.		
			Firm/Company	
	100 Sta	ate Street, Suite 800		
	<del></del>		Address	
	Albany	, NY 12207		
	*	City	/State and Zip Code	
	cnok@c	n-lo.com		
		E-mail address: (to be u	sed for future annual report no	etification)
For furthe	r information co	oncerning this matter, please call:		
-			at ()	
		Name of Contact Person	Area Code Da	yrime Telephone Number
] ] !	MAILING ADI Division of Com Registration Sect P.O. Box 6327 Tallahassee, FL	porations tion	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations stion Section Building secutive Center Circle ssec, FL 32301
Enclosed [	is a check for th □ \$125.00 Filin	e following amount: g Fee	≥ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

france unevailable, enter electrate e	mine adopted for the purpose of transacting business in Fig.	oride. The electronic parties or as institute of the law of	Who Comments are an in-
Delaware		the mention into the bands musical his	unity Company," "L.L.C," or "L.L.C")
	luch foreign limited liability company is organized)	3.	bet, if applientle)
lloor filion		,	
Upon filing	(Date less transacted business in Florida II prive to		<del></del>
	(Dure live) transperted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	inc bevera frepilith)	* 8
32 Ward Road (Street Address of	U	6. 32 Ward Road	700
North Tonawanda, NY		Mulling Add North Tonzwanda, NY 141	
		North Tollawanga, NY 14	120
Name and street address	and Colorida on the color		7
Manie and Micer andres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	United Corporate Services, Inc.		ર્સ દેવ
Office Address:	9200 South Dadeland Blvd., Stc. 508		,
Office Address:		<del></del>	
	Miami	, Plorida 33156 (Zip cod	
gistered agent's accep	(City)	(Zip rod	(c)
	s of my position as registered agent.  Mchael P  (Repinired agent's	Barr, Plesere	
The name, title or capa	Mcchael A (Repierred agent's	ziftunjese)	
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Title of Capacity:	(Registered agent's city and address of the person(s) who hat Name and Address:  Brave Fluid Solutions Holdings, LLC  4531 Grassy Point Blvd.	is/have authority to manage is/are:  Title or Capacity:	
Title of Capacity:	(Registered agent's city and address of the person(s) who has Name and Address:  Bravo Fluid Solutions Holdings, LLC	is/have authority to manage is/are:  Title or Capacity:	
THE OF CAPACITY:	(Registered agent's decity and address of the person(s) who hat Name and Address:  Bravo Fluid Solutions Holdings, LLC 4531 Grassy Point Blvd. Port Charlotte, FL 33952	is/have authority to manage is/are:  Title or Capacity:	
Member	(Registered Agent's decity and address of the person(s) who hat Name and Address:  Bravo Fluid Solutions Holdings, LLC 4531 Grassy Point Blvd. Port Charlotte, FL 33952  Michael G. Anczok 4531 Grassy Point Blvd.	is/have authority to manage is/are:  Title or Capacity:	
Member	(Registered agent's decity and address of the person(s) who hat Name and Address:  Bravo Fluid Solutions Holdings, LLC 4531 Grassy Point Blvd. Port Charlotte, FL 33952	is/have authority to manage is/are:  Title or Capacity:	
Member  Manager	(Registered agent's city and address of the person(s) who hat Name and Address:  Brave Fluid Solutions Holdings, LLC 4531 Grassy Point Blvd. Port Charlotte, FL 33952  Michael G. Anczok  4531 Grassy Point Blvd. Port Charlotte, FL 33952	is/have authority to manage is/are:  Title or Capacity:	
Member  Manager  See attachments if necess	(Registered agent's city and address of the person(s) who hat Name and Address:  Brave Fluid Solutions Holdings, LLC  4531 Grassy Point Blvd. Port Charlotte, FL 33952  Michael G. Anczok  4531 Grassy Point Blvd. Port Charlotte, FL 33952	is/have authority to manage is/are:  Title or Capacity:	Name and Address:
Member  Manager  See attachments if necess  Attached is a certificate	CRegistered agent's city and address of the person(s) who hat Name and Address:  Brave Fluid Solutions Holdings, LLC  4531 Grassy Point Blvd. Port Charlotte, FL 33952  Michael G. Anczok  4531 Grassy Point Blvd. Port Charlotte, FL 33952  Address Point Blvd. Port Charlotte, FL 33952	significe)  is/have authority to manage is/are:  Title or Capacity:	Name and Address:
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Member  Manager  Jee attachments if necess  Attached is a certificate is diction under the law of the translator must be su.  This document is executed.	(Registered agent's city and address of the person(s) who has Name and Address:  Brave Fluid Solutions Holdings, LLC 4531 Grassy Point Blvd. Port Charlotte, FL 33952  Michael G. Anczok  4531 Grassy Point Blvd. Port Charlotte, FL 33952  ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)	is/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official has is in a foreign language, a translati	Name and Address:  ving custody of records in to on of the certificate under or
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<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRAVO FLUID SOLUTIONS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAVO FLUID SOLUTIONS, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

STATE OF THE PARTY OF THE PARTY

Authentication: 202776063

Date: 05-29-18