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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2021

RICHARD FERTIG BRILLIANT AGENCY LLC P.O. BOX 9796 JACKSON, WY 83002

SUBJECT: THE BRILLIANT AGENCY LLC

Ref. Number: W2100006347

We have received your document for THE BRILLIANT AGENCY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit a certificate with a visible signature of the Secretary of State of Wyoming. We cannot accept this one with the blacked out signature.,

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) 245-6051.

Letter Number: 821A00001529

Karen A Saly Regulatory Specialist II

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJE	The Brilliant Agency LLC					
	Name of Limited Liability Company					
The end Existen	sclosed "Application by Foreign Limited L nce, and check are submitted to register th	Liability Company for Authorization to Transact Business in Florida," Certificate of a shove referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this	matter to the following:				
	Richard Fertig					
		Name of Person				
	Brilliant Agency LLC					
		Firm/Company				
	PO Box 9796					
		Address				
	Jackson WY 83002					
		City/State and Zip Code				
	hello@str.university					
	E-mail addre	ss: (to be used for future annual report notification)				
For fur	rther information concerning this matter, p	please call:				
	Hardik Panchal	323 4733078 at ()				
	Name of Contact Person					
	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following an Please make check payable to: FLORII ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee	DA DEPARTMENT OF STATE				

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:

Wyoming, USA	name adopted for the purpose of transacting business in Flo	inda. I në allëmatë name must inënde "Limited Lit	ability Company," "L.E.C," or "LLC.")
(Jurisdiction under the law of which foreign limited liability company is organic		3	er, if applicable)
(1-2-5-5-10) Balls in law of a	isos ga minos mismi, company o organizaci,	ft en timme	, it apprecions,
NA			
1111	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) se penalty liability)	
1608 LAKE AVE WE	ST	PO Box 9796	
treet Address of Principal Office)		6. (Mailing Address)	
PALM BEACH FL 33		Jackson WY 83002	
————————	701		
			- 1
XI		NOT	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	JAN 2
	Michala M. Laurio, Pau		20 20 20
Name:	Michele M. Lewis, Esq.		Q4 3
	250 S. Central Blvd, Suite 101		등 · ·
Office Address:			34 34
	Jupiter	33458	
	(City)	, Florida(Zip code)	
		, , ,	
	Слуу		
	otance:	racess for the above stated limited	liability company at the place
signated in this applica		registered agent and agree to act i	n this capacity. I further agre

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Hardik Panchal Richard Fertig □Manager □Manager PO Box 9796 Member Address: ______ ☐ Member Address: Jackson WY 83002 Jackson WY 83002 ☐ Authorized ■Authorized Person Person □Other Other Other Other □ Manager □Manager □Member Address: □Member Address: _ ☐ Authorized ☐ Authorized Person Person □Other ☐Other____ □Other_ Other Name: _____ □Manager □Manager Name: _____ □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other □Other_____ □Other__ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a hird regree felony as provided for in s.817.155, F.S. h authorized person

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

The Brilliant Agency LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 8, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000783577**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of December, 2020 at 1:38 PM. This certificate is assigned ID Number 040705216.



Secretary of State

021 JAN 20 PM 5: 35

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.