F25000000527

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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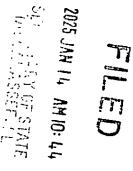
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RECEIVED
JAN 1 3 2025



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Bruno CB, Inc.			
0.012		corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to trans	f Good Stanc	ling" and check are submi	
Please	return all correspondence concerning	this matter	to the following:	
Tamm	y Koch			
		Name of F	Person	
Tammy	y S. Koch, LLC			
		Firm/Comp	pany	
10863	Fawn Lake Drive			
	<u> </u>	Addre	SS	
Indiana	polis, IN 46278			
	(City/State an	id Zip code	
koch_	tammy@yahoo.com			
	E-mail address: (to be used fo	or future annual report not	ification)
For fur	ther information concerning this mat	ter, please ca	ıll:	
Tammy	y Koch	(317	432-3078	
	Name of Person	Area Code	Daytime Telepho	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please i	ed is a check for the following amount make check payable to: FLORIDA DEP 1.00 Filing Fee	ARTMENT Fee & 🗆		 \$87.50 Filing Fee, Certificate of Status & 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.

ne.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
If name unavail	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business	in Florida)
Indiana		35-1956958 3	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
May 23, 1995		5.	
(Date	of incorporation)	5. (Date of duration, if other than perpet	ual)
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
365 Severin Ro	ad SE, Port Charlotte, FL 33952	.1302, 1.3., to determine penalty hability)	
	<u> </u>	office street address)	
	(i incipal c	Thee street address/	
	(Current ma	iling address, if different)	
	(Continu	ining address; in different,	
Name and stre	et address of Florida registered agent: (1	P.O. Box NOT acceptable)	
	et address of Florida registered agent: (I Steven Brent Wampler	2.O. Box NOT acceptable)	
Name and stre	Steven Brent Wampler	P.O. Box NOT acceptable)	
	Steven Brent Wampler 365 Severin Road SE	·	
Name:	Steven Brent Wampler 365 Severin Road SE	·	SE 200
Name:	Steven Brent Wampler 365 Severin Road SE	·	SETTINE IN
Name: Tice Address:	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL (City)	P.O. Box NOT acceptable) The second of the	SECTION IN THE TRANSPORT
Name: Tice Address:	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL (City)	, Florida 33952 (Zip code)	SE VICTORY TO THE TANK SOME
Name: lice Address: Registered againg been namesignated in this	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL. (City) ent's acceptance: ned as registered agent and to accept seed application, I hereby accept the appoint	, Florida 33952 (Zip code) rvice of process for the above stated corporate the agent and agree to act in	<u>n</u> this capaç
Name: Tice Address: Registered agaving been nan signated in this other agree to contact the street of the street agree to contact in the street agree agree to contact in the street agree to contact in the street agree agree to contact in the street agree to contact in the street agree to contact in the street agree agree to contact in the street agree agree to contact in the street agree agrees agree agr	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL (City) ent's acceptance: ned as registered agent and to accept sere application, I hereby accept the appointment of all statute.	Florida 33952 (Zip code) rvice of process for the above stated corporate atment as registered agent and agree to act is a relative to the proper and complete perform	n this capes nance of my
Name: Tice Address: Registered agaving been nansignated in this rther agree to contact.	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL. (City) ent's acceptance: ned as registered agent and to accept seed application, I hereby accept the appoint	Florida 33952 (Zip code) rvice of process for the above stated corporate atment as registered agent and agree to act is a relative to the proper and complete perform	<u>n</u> this capa(
Name: Tice Address: Registered agaving been nansignated in this rther agree to contact.	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL (City) ent's acceptance: ned as registered agent and to accept se application, I hereby accept the appoint apply with the provisions of all statute with and accept the obligations of my	Florida 33952 (Zip code) rvice of process for the above stated corporate atment as registered agent and agree to act is a relative to the proper and complete perform	n this capes
Name: Tice Address: Registered agaving been nan signated in this rther agree to contact the signates of the signates of the signates agree to contact the signates of the signates agree to contact the signature agree agree to contact the signature agree agree to contact the signature agree	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL (City) ent's acceptance: ned as registered agent and to accept sere application, I hereby accept the appointment of all statute.	Florida 33952 (Zip code) rvice of process for the above stated corporate atment as registered agent and agree to act is a relative to the proper and complete perform	n this cape

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Steven Brent Wampler Name: □Chairman □ Chairman 365 Severin Road SE □Vice Chairman Address: □ Vice Chairman Address: Port Charlotte, FL 33952 Director □ Director President □President □Vice President □ Vice President ■Treasurer ■ Secretary □ Secretary □ Treasurer □Other _____ Other _ □ Chairman Name: □Chairman Name: _____ □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □Director □President □President □ Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer Other ☐ Other ☐ Other Name: Name: □ Chairman □Chairman Address: _____ □Vice Chairman Address: □Vice Chairman □Director □ Director □ President □President □Vice President __ □Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □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 wher filing your Florida Department of State Annual Report form. 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. Steven Brent Wampler, Director and President

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BRUNO CB, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 23, 1995, and was in existence or authorized to transact business in the State of Indiana on January 09, 2025.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 09, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

1995051318 / 20254172668

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on February 08, 2025.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bruno CB, Inc.	
	poration - must include suffix
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida," bod Standing" and check are submitted to register the t business in Florida.
Please return all correspondence concerning this	s matter to the following:
Tammy Koch	
<u> </u>	lame of Person
Tammy S. Koch, LLC	
Fi	rm/Company
10863 Fawn Lake Drive	
	Address
Indianapolis, IN 46278	
City	/State and Zip code
kochtammy@yahoo.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
Tammy Koch	317 432-3078
	rea Code 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 DEPAR \$70.00 Filing Fee \$78.75 Filing Fee Certificate of State	& □ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

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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.

	·	adopted for the purpose of transacti	ng vasine.c/ iii i lorida/
Indiana		35-1956958	P 11 \
	y under the law of which it is incorporated)	(FEI number, if a	ррисавіе)
May 23, 1995	of incorporation) 5.	(Date of duration, if other	than nametual)
(1)316	of incorporation)	(Date of duration, it other	man perpendary
365 Severin Ro	(SEE SECTIONS 607.1501 & 607.15 id SE, Port Charlotte, FL 33952	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)
	(Principal off	ce street address)	
Name and street	et address of Florida registered agent: (P.C. Steven Brent Wampler	D. Box <u>NOT</u> acceptable)	SECRED TALLA
		D. Box <u>NOT</u> acceptable)	SECRETARI TALLATA
Name:	Steven Brent Wampler 365 Severin Road SE		SECRETARY OF TALLATARSE
Name:	Steven Brent Wampler 365 Severin Road SE	O. Box NOT acceptable) , Florida 33952 (Zip code)	SECRETARY OF ST TALLATASSEET
Name: Tice Address:	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL (City)	, Florida 33952	SECREDARIO OF STATE TALLAGASSEE, FI
Name: Tice Address: Registered ag	Steven Brent Wampler 365 Severin Road SE Port Charlotte, FL	, Florida 33952(Zip code)	SSEE, FI

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: Steven Brent Wampler	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Port Charlotte, FL 33952	□Director		
President		□President		
□Vice President		□Vice President		
Secretary	■ Treasurer	Secretary		□Treasurer
□Other	Other	Other		□Other
☐ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□ Vice President		□Vice President		
□ Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President	<u></u>	
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
individuals may be	Jsc an attachment to report more than six (6). The at added to the index wher tiling your Florida Departr	nent of State Annual Re	eport form.	
12.	Signature of Director	or Officer		
she is aware that fa s.817.155, F.S.	stor signing this document (and who is listed in numbles information submitted in a document to the Department Warmeler, Director and President			
13. Steven Bren	t Wampler, Director and President			

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

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Diego Morales

DIEGO MORALES
SECRETARY OF STATE

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Expires on February 08, 2025.