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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Jamie@bringpro.com

## FOREIGN PROFIT/NONPROFIT CORPORATION BRINGPRO, INC.

Certificate of Status	0
Certified Copy	1
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## 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.

BringPro, Inc.					
(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc." "Co," or "Corp.")	·COMPAN	Y," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for th	te purpose of transacting bus	iness in Florida)	
2. Delaware	3.				
2. (State or country under the law of which it is incorporated) (FEI) 4. (6/09/2017 5.			(FEI number, if applical		
	of incorporation)	(Date of duration, if other than perpetual)			
7, 3200 NW 112th A	(Date first transacted business in F (SEE SECTIONS 607.150) & 607.1500 (Ave.Doral, FL 33172				
	(Principal office				
8. Name and stree	(Current mailing a a address of Florida registered agent: (P.O. 1			For the second	
Name:	C T Corporation System	_		<u> 16</u> - 3	
Office Address:	1200 South Pine Island Road	<del></del>		21	
	Plantation	FL	33324	.c.	
	(City)		(Zip code)	**	

## Registered agent's acceptance:

By:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> Danise Bell Denise Bell, Assistant Secretary

> > (Registered agent's signature)

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.

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

☑ Director ☐ President	Greg Hirsch Name:  5151 California Ave #100  Address: #100  Irvine CA 92617  □ Treasurer □ Other	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Name:	
□Chairman □Vice Chairman □Director ■President □Vice President ■Secretary □Other	Doral, Florida 33172	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Name:	
□ Director □ President	Name:   Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:	

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.

James Garelli



Page 1

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRINGPRO, 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Charuni P. Sanchez, Secretary of State
Authentication: 202808436

C. G. Sanchez

Date: 01-29-25