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PICK-UP		·	MAIL
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Certified Copies		Certificates	of Status
Special Instructions to	o Filing C	officer:	
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## TRANSMITTAL LETTER

TO:	Registration Section Division of Corpo					
SUBJ	ECT:	Br	inas Corporation			
		(Name of corporat	ion - must include suffix)			
Dear S	Sir or Madam:					
"Certi:	nclosed "Application ficate of Existence", ct business in Florida	and check are submitted to	or Authorization to Transact register the above reference	Business in Florida", ed foreign corporation to		
Please	return all correspon	dence concerning this matte	er to the following:			
		Jose Andres (	Garcia Brinas			
		(Name	of Person)			
		Brinas Co	rporation	mund 2 days		
		(Firm/C	Company)	- E8 3 -		
		2643 DeFr	ame Circle			
			dress)	102 N		
		Lakewood, Co	ilorado 80228	الله السام الله		
			e and Zip code)			
		•	•	#3 <b>€</b>		
For fu	rther information co	ncerning this matter, please	call;	20		
		•				
	Gloria Perez	at( 6	19 ) 440-2122			
(Name of Person)			(Area Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a check for the	following amount:				
□ \$70	0.00 Filing Fee S	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$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.

I.,	<u>B</u>	rinas Corporation			_
	(Enter name of corporation; must include "INCORI"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	PORATED CO	MPANY CORPORATION,"		
	(If name unavailable in Florida, enter alternate corpo		for the number of transacting busi	ness in Clarida	_
	•	orate name adopted i	or the purpose or transacting oust	ness iii rioi ida)	1
2.	Nevada (State or country under the law of which it is incorporated)	3	The second of th		<del></del>
4.	February 4, 2003 (Date of incorporation)	5	Perpetual		_
	(Date of incorporation)	(Durati	on: Year corp. will cease to exist	or "perpetual")	)
6.	U	Jpon Oualification	_		
ŭ. (	Date first transacted business in Florida. If corporati	ion has not transacte	ed business in Florida, insert "upo	n qualification.'	 ")
	(SEE SECTIONS	S 607.1501, 607.150	2 and 817.155, F.S.)		
7	2643 DeFrame	Circle, Lakewood	I, CO 80228		
· ·		office address)			
	2643 DeFrama	Circle Lakewood	1, CO 80228	53 <b>2</b>	***************************************
-	Current m	nailing address)	1,00,00226	- N	- * ``
	(constitution)	anning accessory			]
٥	Con	istruction Contract	or		
8.	(Purpose(s) of corporation authorized in home				_
	•				
9.	Name and <u>street address</u> of Florida register	ed agent: (P.O. I	Box or Mail Drop Box <u>NOT</u> acc	eptable)	
	Name: Corporation Service Com	npany		* #	
Of	fice Address: 1201 Hays Street		معمد د در د نو د در د د د د د د د د د د د د د د د د د	. д	
	Tallahassee	F	lorida 32301		
	(City)		(Zip code)		
10	. Registered agent's acceptance:				
На	wing been named as registered agent and to acc	cept service of pro	ocess for the above stated corp	oration 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.

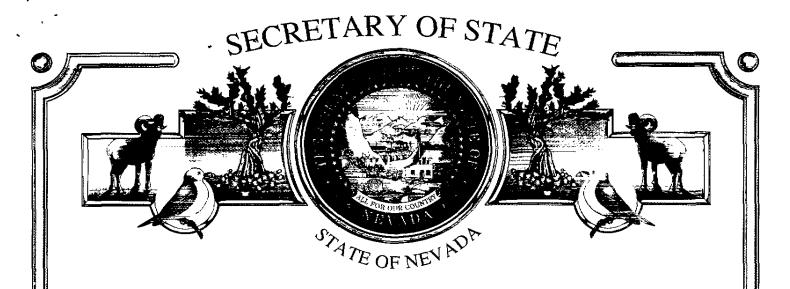
Corporation Service Company

(Registered agent's signature)
Vivien S. Mitchell, Assistant Secretary

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIKE	CTORS
Chairman:	Jose Andres Garcia Brinas
Address:	2643 De Frame Circle
	_akewood, CO 80228
Vice Chair	man:
Address:	The second statement of the se
Director:	Jose Andres Garcia Brinas
	2643 De Frame Circle
	_akewood, CO 80228
Director:	A CONTRACT OF THE PROPERTY OF
Address:	
B. OFFI	the state of the s
President:	Jose Andres Garcia Brinas
Address:	2643 De Frame Circle
	Lakewood, CO 80228
Vice Presi	dent: Jose Andres Garcia Brinas
Address:	2643 De Frame Circle
	Lakewood, CO 80228
Secretary:	Jose Andres Garcia Brinas
Address:	2643 De Frame Circle, Lakewood, CO 80228
Treasurer:	Jose Andres Garcia Brinas
Address:	2643 De Frame Circle, Lakewood, CO 80228
NOTE: 13.	Thecessary, you may attach an addendum to the application listing additional officers and/or directors.
	(Signature of Director or Officer listed in number 12 of the application)
14. Jose	Andres Garcia Brings (Typed or printed name and capacity of person signing application)
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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BRINAS CORPORATION, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 4, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on October 1, 2004.

DEAN HELLER

Secretary of State

By\_

Certification Clerk