# F11000002854

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	<b>/</b>
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## **COVER LETTER**

·
TO: New Filing Section Division of Corporations
SUBJECT: BRAEMAR TECHNICAL SERVICES, INC.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
EVELYN BELL
Name of Person
BRAEMAR TECHNICAL SERVICES, INC.
Firm/Company
20 BROAD STREET SUITE 701
Address NEW YORK, NY 10005
City/State and Zip code
EBELL © BMTMARINERISK . COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EVELYN BELL at (212) 587-9303  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations  MAILING ADDRESS: New Filing Section Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\text{Certificate of Status}\$ \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy



RECEIVED

11 JUL 12 AH 10: 27

DIVISION OF CORPORATIONS

June 28, 2011

EVELYN BELL 20 BROAD STREET STE 701 NEW YORK, NY 10005

SUBJECT: BRAEMAR TECHNICAL SERVICES, INC.

Ref. Number: W11000034636

We have received your document for BRAEMAR TECHNICAL SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6928.

Letter Number: 511A00015559

Tim Burch Regulatory Specialist II

www.sunbiz.org

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	2011	
1. BRAEMAR T	ECHNICAL SERVICES, INC.		至道		П
(Enter name of o	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"	12 PH 4:	LED
(If name unavail	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florid		
<sub>2.</sub> TEXAS		3.	27-0346991	Ο,	
	under the law of which it is incorporated)		(FEI number, if applicable)		
4. 06/11/2009		5.	N/A		
(Date	e of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual"	')	
6. 05/01/	2011		Perpetual		
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_	
<sub>7.</sub> 20 BROAD	STREET SUITE 701 NEW	Y	ORK, NY 10005		
	(Principal office	add	ress)	_	
20 BROAD	STREET SUITE 701 NE	W	YORK, NY 10005		
	(Current mailing	, ado	ress)		
•					
8(Purpose(s	s) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)	_	
9. Name and stree	et address of Florida registered agent:	(P.C	D. Box <u>NOT</u> acceptable)		
Name:	NEIL MACLAREN				
Office Address:	17600 NORTH BAY RO	A	10P-N#C		
	SUNNY ISLES BEACH	٦	, Florida <u>33160</u>		
	(City)		(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appo comply with the provisions of all statut with and accept the obligations of my	ointi tes r y po		acity.	. 1
	(Registered agent's signature	ui C)			

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. DIRECTORS
Chairman: NIGEL CARPENTER
Address: 10000 MEMORIAL DR. SUITE 100
HOUSTON, TX 77024
Vice Chairman: PIERRE S. KROUSE
Address: 10000 MEMORIAL DR. SUITE 100
HOUSTON, TX 77024
Director:
Address:
7. 1.S. 7.
Director:
Address:
B. OFFICERS
President: PIERRE S. KROUSE
Address: 10000 MEMORIAL DR. SUITE 100
HOUSTON, TX 77024
Vice President: KEITH MARTIN
Address: 10000 MEMORIAL DR. SUITE 120
HOUSTON, TX 770024
Secretary: PILAR STEVENS
Address: 10000 MEMORIAL DR. SUITE 120 HOUSTON, TX 77024
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Luc 5 Kome
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 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 at third degree felony as provided for in s.817.155, F.S.
14. P. GERE S. KROUSE, PRESIDENT  (Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that on May 11, 2011, BRAEMAR FALCONER, INC., a Domestic For-Profit Corporation (file number 801133374), changed its name to Braemar Technical Services Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 24, 2011.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Fax: (512) 463-5709