

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 11 AM 10:19

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is BRAVE ASSET MANAGEMENT, INC.

2. It is incorporated under the laws of NEW JERSEY

3. The name, if different, which it elects to use in Rhode Island is:
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is AUGUST 26, 1992 and the period of its duration is PERPETUAL

5. The address of its principal office is 47 SUMMIT AVENUE, SUMMIT NEW JERSEY 07901

6. The address of its proposed registered office in Rhode Island is 10 DORRANCE STREET, SUITE 700
(Street Address, not P.O. Box)

PROVIDENCE RI 02903 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)

that address is SCOTT A. MORRISON
(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
REGISTERED INVESTMENT ADVISOR

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Table with 2 columns: Name, Address. Rows include T. BRETT HAIRE, JR. and DAVID G. BUNTING, both at 47 SUMMIT AVENUE, SUMMIT, NEW JERSEY 07901.

BY CH 267401
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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<u>T. BRETT HAIRE, JR</u>	<u>47 SUMMIT AVENUE, SUMMIT, NEW JERSEY 07901</u>
Vice President	_____	_____
Treasurer	<u>DAVID G. BUNTING</u>	<u>47 SUMMIT AVENUE, SUMMIT, NEW JERSEY 07901</u>
Secretary	<u>DAVID G. BUNTING</u>	<u>47 SUMMIT AVENUE, SUMMIT, NEW JERSEY 07901</u>

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>3,000</u>	<u>COMMON</u>	<u>N/A</u>	<u>WITHOUT PAR VALUE</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. (a) \$ ZERO = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.

(b) \$ ZERO = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.

(c) ZERO % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}

11. (a) \$ 1,000,000.00 = An estimate of the gross amount of business to be transacted by the corporation during the following year.

(b) \$ 20,000.00 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.

(c) 2% % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing N/A

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 02/09/2016



Signature of Authorized Officer of the Corporation

T. BRETT HAIRE, JR, PRESIDENT

Type or Print Name of Authorized Officer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**BRAVE ASSET MANAGEMENT INC.
0100527499**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 26, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DAVID G BUNTING
47 SUMMIT AVE
SUMMIT, NJ 07901-0000



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
9th day of February, 2016*

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6040060383

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

