

F00000006429

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BMA 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", 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:

700003458477--4

-11/09/00-01043-013

\*\*\*\*\*78.75 \*\*\*\*\*78.75

WILLIAM D HARBIN  
(Name of Person)

SWISHER  
(Firm/Company)

621 S.W. 21<sup>ST</sup> TERRACE SUITE 5  
(Address)

FT. LAUDERDALE, FL 33312  
(City/State and Zip code)

For further information concerning this matter, please call:

Bill Harbin at (248) 640-2987  
(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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRET  
TALLAHASSEE  
FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

- 1. B.M.A. SERVICES, INC  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
- 2. MICHIGAN (State or country under the law of which it is incorporated)
- 3. 38-322-1060 (FEI number, if applicable)
- 4. 3-21-1995 (Date of incorporation)
- 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
- 6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. 621 S.W. 21<sup>ST</sup> TERRACE <sup>SUITE 205</sup> FT. LAUDERDALE, FL 33312  
(Principal office address)
- SAME  
(Current mailing address)

8. RESTROOM HYGIENE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: WILLIAM HARBIN

Office Address: 621 SW 21<sup>ST</sup> TERRACE SUITE 205  
FT LAUDERDALE, Florida 33312  
(City) (Zip code)

10. Registered agent's acceptance:

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.

William D Harbin  
(Registered agent's signature)

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: WILLIAM D HARBIN

Address: 621 SW 21ST TERLACE SUITE 5  
FT LAUDERDALE, FL 33312

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: MARION HARBIN

Address: 996 HOLLOW CORNERS CT ROCHESTER MI 48307

Treasurer: \_\_\_\_\_

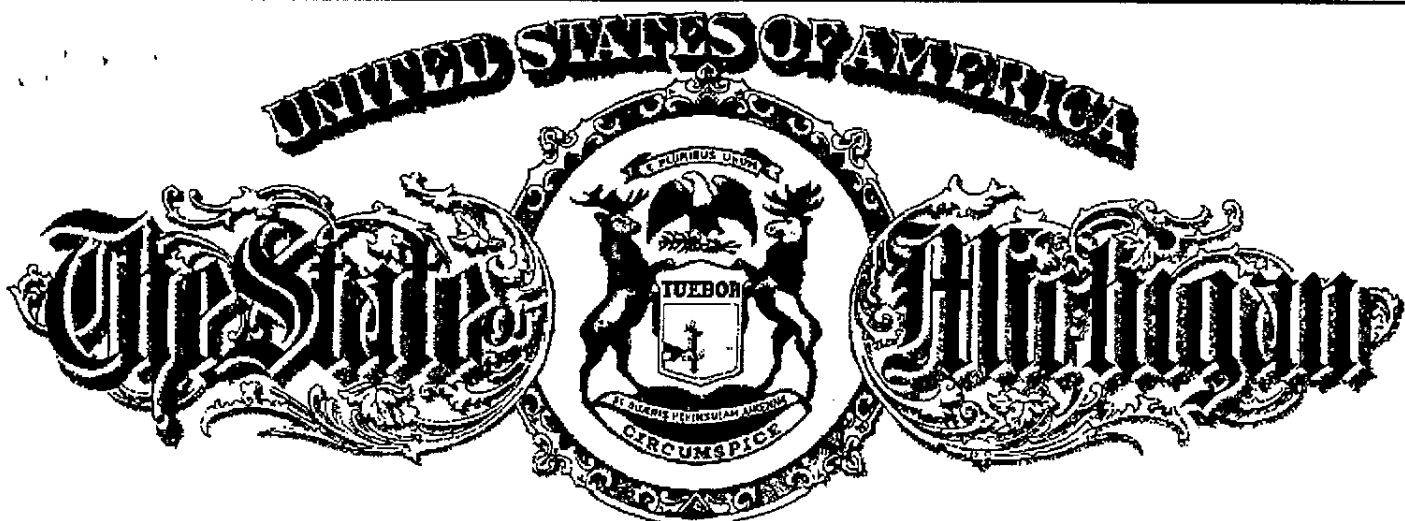
Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. William D Harbin PRESIDENT  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. WILLIAM D HARBIN  
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

**B.M.A. SERVICES, INC.**

was validly incorporated on March 27, 1995, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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STATE OF MICHIGAN  
TALLAHASSEE FLORIDA

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 2nd day of November, 2000.

, Director