

F000000006429

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

WILLIAM D. HARBIN  
(Name of Person)

-11/09/00-01043-013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

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TALLAHASSEE, FLORIDA

# 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.

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, 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 5  
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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SECRETARY OF STATE  
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 HARBINAddress: 621 SW 21ST TERRACE SUITE 5FT LAUDERDALE, FL 33312

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

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

Secretary: MARION HARBINAddress: 996 HOLLOW CORNERS CT ROCHESTER MI 48307

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

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

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

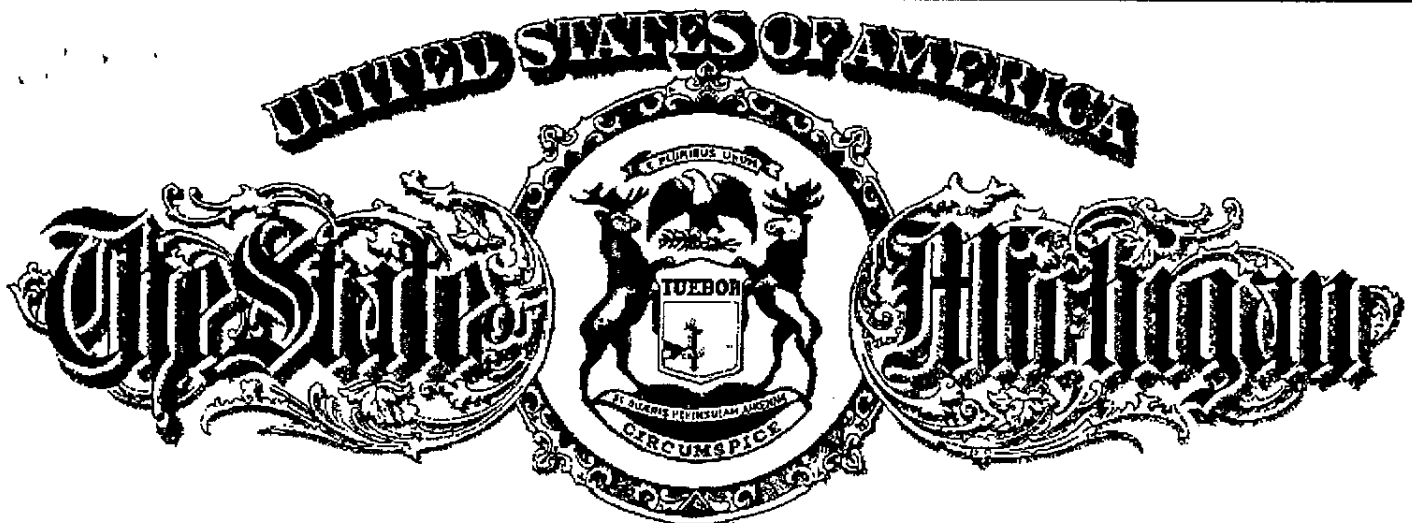
13. William D Harbin President

(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)

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TALLAHASSEE FLORIDA



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 FLORIDA  
TALLAHASSEE

*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