

# FOI 0000002883

TO: Registration Section  
Division of Corporations

SUBJECT: BOB BOTTEL & ASSOCIATES, 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:

400004315644-3  
-05/24/01-01083-005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

BOB BOTTEL  
(Name of Person)  
BOB BOTTEL & ASSOCIATES, INC.  
(Firm/Company)  
4960 LINKSIDE DRIVE  
(Address)  
PUNTA GORDA, FL 33955  
(City/State and Zip code)

For further information concerning this matter, please call:

BOB BOTTEL at (941) 639-7311  
(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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 MAY 24 PM 4:05

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5/20

**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. BOB BOTTEL & ASSOCIATES, 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. DELAWARE 3. 51-0406029  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOV. 14, 2000 5. PERPETUAL  
(Date of incorporation) (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. 4960 LINKSIDE DRIVE, PUNTA GORDA  
(Principal office address)

SAME  
(Current mailing address)

8. FOOD INDUSTRY CONSULTING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

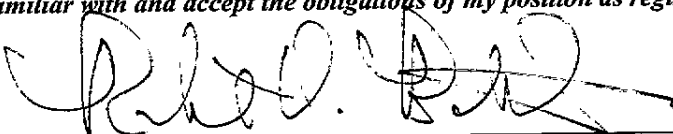
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: BOB BOTTEL

Office Address: 4960 LINKSIDE DRIVE  
PUNTA GORDA, Florida 33955  
(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.*

  
(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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MAY 14 PM 4:05  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman:

ROBERT D. BOTTEL

Address:

4960 LINASIDA DRIVE  
PUNTA GORDA, FL 33955

Vice Chairman:

JANET L. MCLAUGHLIN

Address:

4960 LINASIDA DRIVE  
PUNTA GORDA, FL 33955

Director:

Address:

Director:

Address:

B. OFFICERS

President:

SAME AS A. - CHAIRMAN

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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01 MAY 24 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

ROBERT D. BOTTEL

(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOB BÖTTEL & ASSOCIATES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOB BÖTTEL & ASSOCIATES, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2000.

FILED  
 01 MAY 24 PM 4:05  
 SECRETARY OF STATE  
 TALAHASSEE, FLORIDA



*Harriet Smith Windsor*  
 Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1082317

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DATE: 04-16-01