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TRANSMITTAL LETTER

TO:	Registration S Division of C			_	
SUBJ	ECT:	RayBec	Associates	Inc.	
				ration - must include suffix	κ)
Dear S	ir or Madam:			_ ,	
"Certif		ace", and ch		n for Authorization to Trans I to register the above refer	
Please	return all corre	spondence (concerning this m	natter to the following:	OS F
	Ray	mond R	cewster		
<u> </u>				ne of Person)	-6 -6
	Ray	Bec Ass	ociates,		
			(Firm	n/Company)	
	164	la Tavlo	or Rd. #36	, =	## -
	·	<u> </u>		Address)	
	_				
	Por	t Orano		128	<u> </u>
			(City/Si	tate and Zip code)	
For fur	ther informatio	n concernin	g this matter, ple	ase call:	
Ray	nond Brew (Name of Per			36 (763-2335) rea Code & Daytime Telep	phone Number)
Registr Divisio 409 E.	ET ADDRESS ation Section n of Corporation Gaines St. Issee, FL 3239	ons		MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	tions
Enclose	ed is a check fo	or the follow	ring amount:		,
CJ \$70.	00 Filing Fee		75 Filing Fee & ificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.	RayBec Associates, Inc. (Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will claustral person or partnership if not so contained in the name	early	indic	icate that it is a corporation instead of a	
2.	Mississippi (State or country under the law of which it is incorporated)	_ 3		64-0946919	
	(State or country under the law of which it is incorporated)		_	(FEI number, if applicable)	
4.	10/01/2001	5.	<u>-</u>	Perpetual	
	(Date of incorporation)		(Dur	iration: Year corp. will cease to exist or "perpetual")	
6.	Upon qualification (Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.	s not 1 1501,	transa 607.	Sacted business in Florida, insert "upon quartication.") 7.1502 and 817.155, F.S.)	ı
7.	6644 Gary Road, Suite B Ja	cks	on,	, MS 39272	•
	(Principal office				1
	1648 Taylord Road, #361 P (Current mailing	ort addr	_Or ess)	range, FL 32128	J
8.	Real Estate Investment				
	(Purpose(s) of corporation authorized in home state of	or cou	intry	to be carried out in state of Florida)	
9.	Name and street address of Florida registered age	nt: ((P <u>.</u> O.). Box or Mail Drop Box NOT acceptable)	
	Name: <u>Raymond Brewster</u>				
0	ffice Address: 1648 Taylor Rd. #36	1		-	
	Port Orange				
	(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.

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

A. DIRECTORS	
Chairman:	Raymond Brewster
Address:	3.640 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
	Port Orange, FL 32128
Director:	Becky Brewster
Address:	
	Port Orange, FL 32128
	POFE Orange, FL 32128
	HAS ES TO
B. OFFICERS	FLORIDA CO
President:	\mathcal{P}^{ff} ω
Address:	
<u> </u>	
Vice President:	
Secretary:	
Address:	=
Treasurer:	
Address:	
NOTE: If necessa	ry, you may attach an addendum to the application listing additional officers and/or directors.
	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14Ra	ymond Brewster, Chairman (Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 01,2001 the state of Mississippi issued a Charter/Certificate of Authority to:

RAYBEC ASSOCIATES, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

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Given under my hand and seal of office January 30,2003

auc Clark

ERIC CLARK, Secretary of State