

**F05 0000 01514**

**Florida Department of State  
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Account Name : C T CORPORATION SYSTEM  
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Phone : (850) 222-1092  
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DIVISION OF CORPORATION

**FOREIGN NON-PROFIT QUALIFICATION**

**BCO Benevolence Fund, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**F05-1514**  
*[Signature]*

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. BCO BENEVOLENCE FUND, INC.

*(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)*

2. DELAWARE 3. 58-2501835  
*(State or country under the law of which it is incorporated) (FEI number, if applicable)*

4. 10/19/2004 - PERPETUAL 5. PERPETUAL  
*(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")*

6. Upon Qualification  
*(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)*

7. 13410 SUTTON PARK DRIVE, SOUTH; JACKSONVILLE, FL 32224  
*(Principal office address)*

C/O CORPORATE TAX DEPT.: 13410 SUTTON PARK DRIVE, SOUTH; JACKSONVILLE, FL 32224  
*(Current mailing address)*

8. Provide Emergency Hardship Assistance to Landstar System, Inc. Business Capacity Owners (BCO's)  
*(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)*

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 S PINE ISLAND ROAD

PLANTATION, Florida 33324  
*(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.*



**PETER F. SOUZA**  
**ASSISTANT SECRETARY**  
*(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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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: PATRICK J. O'MALLEY  
Address: 13410 SUTTON PARK DR S  
JACKSONVILLE, FL 32224

Vice Chairman: RAYMOND PIERCE  
Address: 13410 SUTTON PARK DR S  
JACKSONVILLE, FL 32224

Director: GREGG R. NELSON  
Address: 13410 SUTTON PARK DR S  
JACKSONVILLE, FL 32224

Director: D. LEE RILEY  
Address: 13410 SUTTON PARK DR S  
JACKSONVILLE, FL 32224

B. OFFICERS

President: PATRICK J. O'MALLEY  
Address: 13410 SUTTON PARK DR S  
JACKSONVILLE, FL 32224

Vice President: RAYMOND PIERCE  
Address: 13410 SUTTON PARK DR S  
JACKSONVILLE, FL 32224

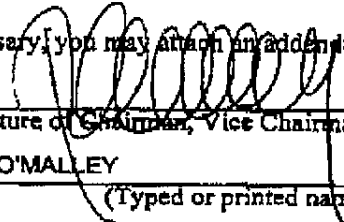
Secretary: GREGG R. NELSON  
Address: 13410 SUTTON PARK DR S; JACKSONVILLE, FL 32224

Treasurer: D. LEE RILEY  
Address: 13410 SUTTON PARK DR S; JACKSONVILLE, FL 32224

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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. PATRICK J. O'MALLEY  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BCO BENEVOLENCE FUND, 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 NINTH DAY OF MARCH, A.D. 2005.

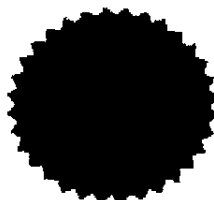
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCO BENEVOLENCE FUND, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2004.

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TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3731526

DATE: 03-09-05