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## **COVER LETTER**

	•			
TO: Registration S Division of Co			- *	
SUBJECT: BI	ve River Ro	perties (no ation - must include suffix)	up Cor.	10-a
Dear Sir or Madam:	(Hame of corpor	ution - must histage suffix	- British - Island	Virgin Corpora
	tion by Foreign Corporation ce," and check are submitted Florida.			
Please return all corres	pondence concerning this ma	atter to the following:		
1	Perla F. F	heams		
	(Name	brams e of Person)	<del></del>	
Ab	rams & A	brams P	A	
	(Firm	Company)		
94	00 S Da	deland i	Blud	PH3
	(A	ddress)		<del></del>
/	Miami F	-L 3315	6	AEC - <b>S</b>
•	(City/Sta	te and Zip code)		SCORETA
For further information	concerning this matter, plea	se call:		ARY OF STATE SEE, FLORE
(Name of Person) at (305) 670-9104 (Area Code & Daytime Telephone Number)				
STREET/CON Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations	
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	S87.50 Fil.	ing Fee, e 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.

••	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," VI GIR DE L'INCORPORATION," VI GIR DE L'INCORPORATION, "VI	and ati	d 47
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
2.	British Virgin Islands 3. 20-320341I  (State or country under the law of which it is incorporated) (FEI number, if applicable)		. * *
4.	(Date of incorporation)  5. Per De tuq (Duration: Year corp. will cease to exist or "perpetual")		
6. 7	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  701 Backell Key Blud Unit 1008, Miami, Florida office address)	_ <i>3</i> :	Ele
-	(Current mailing address)		
	Conduct any lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	06 JAN 13	<u> </u>
	Name: Perla F. Abrams	9 HH 10:	FILED
Ofi	Fice Address: 9400 S Dade (and Blud PH3  Miami, Florida 33/56  (City) (Zip code)	29	

## 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 Key Blud Unit Miami FL 33131 Vice Chairman: Address: \_\_\_ Director: \_\_\_\_\_ Address: \_\_\_\_ Director: Address: \_\_\_\_ B. OFFICERS Address: Vice President: Address: \_\_\_\_\_\_ Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Manuel Samililian

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

