## F06000005940

-		
-	(Requestor's Name)	
***************************************	(Address)	
المتعقدين	(Address)	•
بمصيد	(City/State/Zip/Phone #)	
	☐ PICK-UP ☐ WAIT ☐ MAIL	
	(Business Entity Name)	
	(Document Number)	
	Certified Copies Certificates of Status	
	Special Instructions to Filing Officer.	
	Office Use Only	



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09/15/06--01009--019 \*\*87.50



39.9-1

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Corp Name BME Pr	operty management, Inc
(Name of cor	poration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ted to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
Beatrice V	Mranda ame of Person)
<u> </u>	
1 Chihous RME Proper	ty Solutions.
1957 MW 1	20 Ave_ (Address)
	(Address)
Pembroke Pi	nes FL 33028  /State and Zip code)
(City.	/State and Zip code)
For further information concerning this matter, p	lease call:
Betty Miranda at (Name of Person)	754, 410-1960
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section  Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Statu	

## 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. <u></u>	BME Property ma	nagement, Inc	
	orporation; must include "INCORPORATED	," "COMPANY," "CORPORATION	»
inc., Co., Co	orp," "Inc." "Co," or "Corp.")		
		1 <u>2-</u>	. 1 ± 1 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ±
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)
2 /\	$\sqrt{}$	20-548690	6
	under the law of which it is incorporated)	(FEI number, if applie	cable)
4.	8/28/06 5.		
(Date	of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
6	9/12/0		
		in Florida, if prior to registration) 502, F.S., to determine penalty liability	)
7	1957 NW 170	Ave Pembroke 1	PINES FL 33528
	(r imorbai cirice ade	11 (433)	
	1957 NW 170 Ave	Pembroke Pinus, t	2 33028
	(Current mailing add	dress)	
8	Real Estate Inve	stments + manage	ment
(Purpose(s)	) of corporation authorized in home state or co	ountry to be carried out in state of Flori	ida)
9. Name and stree	st address of Florida registered agent: (P.C	O. Box NOT acceptable)	TAIS OF
Name:	Betterice Mirano	da	50000000000000000000000000000000000000
Office Address:	1957 NW 170	<del></del>	15 全
	Pembroke Pines	, Florida <u>33</u> 028 (Zip code)	四年 圣
	(City)	(Zip code)	10 2 2 E
10. Registered ag	gent's acceptance:		DF 0
designated in this ( further agree to co	ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes i with and accept the obligations of my po	ment as registered agent and agree relative to the proper and complete	to act in this capacity. I
	Bearly	ale.	
	(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 director	FILED
A. DIRECTORS	06 SEP 15 PM 2: 46
Chairman:	SECRETARY DE CT.
Address:	Home
	<u>and the second of the second </u>
B. OFFICERS	
President: <u>Beatrice</u> Miran	da
Address: 1257 NW 170	ave
Pembroke Pine	4,FL 33028
Vice President:	· · · · · · · · · · · · · · · · · · ·
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the ap	plication listing additional officers and/or directors.
13. (Signature of Director or Officer listed	I in number 12 of the application)
14. Beatrice Miranda	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name and capacity	of person signing application)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BME PROPERTY MANAGEMENT, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 28, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 31, 2006.

DEAN HELLER Secretary of State

Ву

Certification Clerk