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(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	of Status
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BMS Cat, 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:
(Name of Person) Blackman Mooring
Girm/Company) 308 Arthur St.
Fort Worth, TX 76107 (City/State and Zip code)
For further information concerning this matter, please call: (Name of Person) at (\$17) \$20-7229 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\times \frac{1}{2}\$78.75 Filing Fee & \$\times \frac{1}{2}\$87.50 Filing Fee, Certificate of Status Certified Copy 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.

(If name unavai	lable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in I	Florida)
2. Texas_		3. 61-1537529	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 08/22/2007		5. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perp	ctual")
6. 10/01/2007			
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7. 303 Arthur St.,	Fort Worth, TX 76107		
	(Principal office	address)	
same			
	(Current mailing	address)	
8. Cleaning and Re		or country to be carried out in state of Florida)	
	_		<u>≧</u> gg 9
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	_38 & •
Name:	C T Corporation System	The state of the s	SEP 21 ORETARY
			T] ~~
Office Address:	1200 South Pine Island Road	 :	PH I2: 25 OF STATE
	Plantation	Florida 33324	<u></u>
	(City)	(Zip code)	2: 25 TATE ORIGO
in Registered as	gent's acceptance:	Ĭ.	
		ervice of process for the above stated corporation (at the place
aduving occii mum		intment as registered agent and agree to act in this	is capacity. I
designated in this			a of my dedlar
designated in this further agree to co	omply with the provisions of all statute	es relative to the proper and complete performance	e oj my annes
designated in this further agree to co	omply with the provisions of all statute with and accept the obligations of my	es relative to the proper and complete performance	e oj my annes
designated in this further agree to co	omply with the provisions of all statute	es relative to the proper and complete performance	e oj my annes
designated in this further agree to co and I am familiar	omply with the provisions of all statute with and accept the obligations of my C T Corporation System	es relative to the proper and complete performance position as registered agent.	e oj my aanes
designated in this further agree to co and I am familiar	omply with the provisions of all statute with and accept the obligations of my C T Corporation System	es relative to the proper and complete performance position as registered agent.	e oj my aanes
designated in this further agree to co and I am familiar <u>I</u>	omply with the provisions of all statute with and accept the obligations of my C T Corporation System (Registered agent's signature)	es relative to the proper and complete performance position as registered agent.	

under the law of which it is incorporated.

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

A. DIRECTORS SEE ATTACHMENT
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Lloyd E. Swiggum
Address: 303 Arthur St.
Fort Worth, TX 76107
Vice President: Don Mansir
Address: 303 Arthur St.
Fort Worth, TX 76107
Secretary: W.G. Blackmon, III
Address: 303 Arthur St., Fort Worth, TX 76107
Treasurer: Robert D. Smith
Address: 303 Arthur St., Fort Worth, TX 76107
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. West Anith
(Signature of Director or Officer listed in number 12 of the application)
14. / OFERT O. MITH reasurer (Typed or printed name and capacity of person signing application)
(1 year or printed name and capacity of person signing application)

Attachment to Florida **Officers & Directors**

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

2 Full Name:

> Officer/Director: Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City: State:

ZIP Code:

W.G. Blackmon, III

Officer, Director

Secretary

Director

303 Arthur St.

Fort Worth

TX

76107

Kirk A. Blackmon

Director

Director

303 Arthur St.

Fort Worth

76107

TX

Gregory P. Blackmon

Director

Director

303 Arthur St.

Fort Worth

TX

76107

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Phil Wilson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BMS Cat, Inc. (file number 800861117), a Domestic For-Profit Corporation, was filed in this office on August 22, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 06, 2007.



Phil Wilson Secretary of State

Pholalson

Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 184751850002