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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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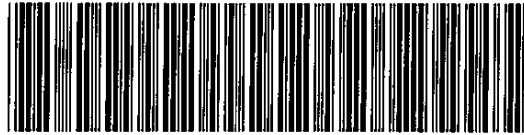
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CL 10-5

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BARSON COMPOSITES CORPORATION

(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:

PHILLIP B. MAXWELL

(Name of Person)

PHILLIP B. MAXWELL & ASSOCIATES

(Firm/Company)

109 N. WASHINGTON

(Address)

OXFORD, MI 48371

(City/State and Zip code)

For further information concerning this matter, please call:

PHILLIP B. MAXWELL at ( 248 ) 969-1490

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 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    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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Certificate of Status &  
Certified Copy

LAW OFFICES  
**PHILLIP B. MAXWELL &  
ASSOCIATES, P.L.L.C.**

PHILLIP B. MAXWELL

109 North Washington St.  
Oxford, Michigan 48371

phillip@pbmaxwell.com

TELEPHONE (248) 969-1490  
FACSIMILE (248) 969-1492

October 1, 2007

New Filing Section  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 23214

Re: Barson Composites Corporation  
Ref. # W07000028824

Dear Sir or Madam:

This letter is to inform the division of and correct the error in the Application to Transact Business for the above referenced corporation. The initial Application stated that the corporation first transacted business in February or 2007, in actuality, business began in February of 2007. Also, attached please find a current Certificate of Good Standing for the corporation.

Thank you so much for your continued help in this matter.

Very truly yours,



PHILLIP B. MAXWELL  
For the Firm

PBM:  
Encl(s)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2007

PHILLIP B MAXWELL  
PHILLIP B MAXWELL & ASSOCIATES  
109 N WASHINGTON  
OXFORD, MI 48371

SUBJECT: BARSON COMPOSITES CORPORATION  
Ref. Number: W07000028824

We have received your document for BARSON COMPOSITES CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Document Specialist

Letter Number: 907A00040482

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. **BARSON COMPOSITES CORPORATION**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **MICHIGAN**

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. **MARCH 13, 1972**

(Date of incorporation)

5. **PERENNIAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **FEBRUARY 2007**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **160 SWEET HOLLOW ROAD, OLD BETHPAGE, NY 11804**

(Principal office address)

(Current mailing address)

8. **SALES REPRESENTATION**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **NEAL ALVANOS**

Office Address: **504 XANADU PLACE**

**JUPITER**

(City)

, Florida

**33477**

(Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

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**A. DIRECTORS**

Chairman: TEB BARNARD

Address: 60 SWEET HOLLOW ROAD, OLD BETHPAGE, NY 11804

Vice Chairman: DANA BARNARD

Address: 25 PASEO DEL VALLEY, SANTA FE NM 87508

Director: COLBY MAXWELL

Address: 674 HIGHLAND DRIVE, OXFORD MI 48371

Director: COLLEEN BARNARD

Address: 1950 TUCKAWAY, BLOOMFIELD HILLS MI 48302

**B. OFFICERS**

President: DANA BARNARD

Address: 25 PASEO DEL VALLEY, SANTA FE NM 87508

Vice President: ED GAROFALO

Address: 60 SWEET HOLLOW ROAD, OLD BETHPAGE, NY 11804

Secretary: PHILLIP B. MAXWELL

Address: 109 N. WASHINGTON, OXFORD MI 48371

Treasurer: DONNA JOHNSON

Address: 60 SWEET HOLLOW ROAD, OLD BETHPAGE, NY 11804

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

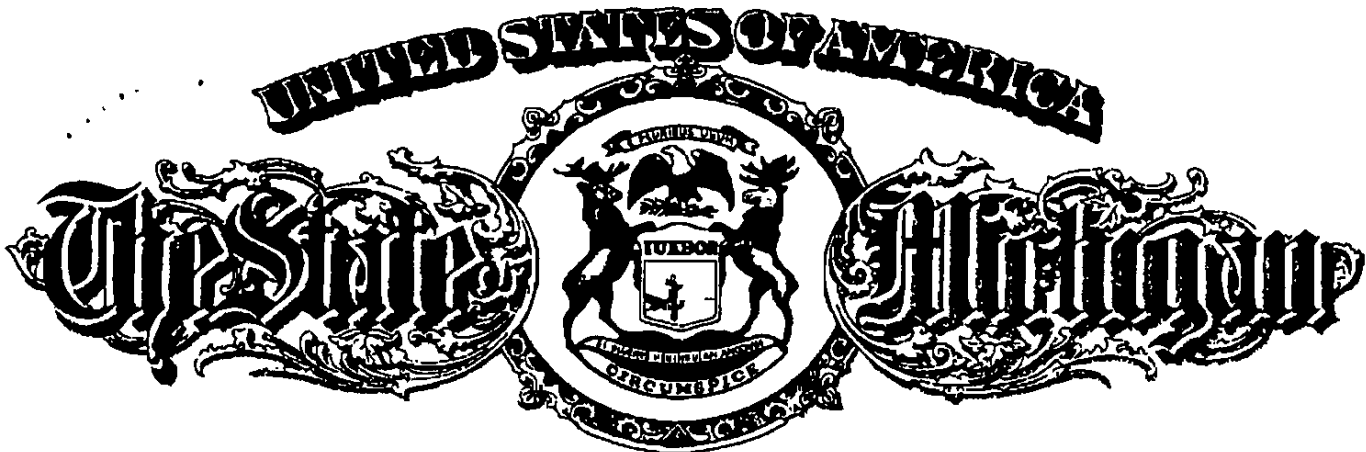
13. 

(Signature of Director or Officer listed in number 12 of the application)

14. PHILLIP B. MAXWELL

Secretary

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



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

**BARSON COMPOSITES CORPORATION**

a Michigan profit corporation was validly incorporated on March 13, 1974, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission  
933336

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of October, 2007.

 , Director

Bureau of Commercial Services