F08000004947

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
W 8-51879				
(100 8 - 3 1				





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11/13/08--01021--003 **78.75

T Burch MUY 197008

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Bazon-Cox and Associa	ites, Inc.		
(Name of corpo	oration - must include suffix)		
Dear Sir or Madam:			
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to		
Please return all correspondence concerning this m	atter to the following:		
Gerald Brooks, Vice President			
(Nan	ne of Person)		
Bazon-Cox adn Associates, Inc.			
·	n/Company)		
1244 Executive Boulevard Suite B			
_	Address)		
Chesapeake VA 23320			
(City/Si	tate and Zip code)		
For further information concerning this matter, plea	ase call:		
Deborah Baker at (75	57 _{\(\)} 410-2128		
	rea 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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		



November 14, 2008

GERALD BROOKS 1244 EXECUTIVE BLVD STE B113 CHESAPEAKE, VA 23320

SUBJECT: BAZON-COX AND ASSOCIATES, INC.

Ref. Number: W08000051879

We have received your document for BAZON-COX AND ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation in number 2 of the application and the date of incorporation on the certificate must match.

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) 245-6928.

Letter Number: 508A00057262

Tim Burch Regulatory Specialist II

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.	ox and Associates, Inc.				
	corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
				· · · · · · · · · · · · · · · · · · ·	
(If name unavail	able in Florida, enter alternate corporate na		adopted for the purpose of transacting busine	ss in Flor	ida)
_{2.} Virginia	_	3.	54-1635186		
	under the law of which it is incorporated)	•	(FEI number, if applicable)		
_{4.} 8/10/92		5.	perpetual		
	e of incorporation)		(Duration: Year corp. will cease to exist or	"perpetu	al")
5. not applic	able				
·	(Date first transacted busine		n Florida, if prior to registration)		
44518	•		502, F.S., to determine penalty liability)		
_{7.} 115 HICKO	ry Street Suite 204 W. Mel				
4044 ***	(Principal office			 +, , , -	Na.
1244 Exec	cutive Blvd. Suite B113 Ch				2003
	(Current mailing	add	ress)		MON
Telecomn	nunications contractor			ASSI	19
J. <u></u>	s) of corporation authorized in home state of	OF CO	ountry to be carried out in state of Florida)		
N NT		/D /	Non Not acceptable	101	PH 4:
9. Name and <u>stre</u>	et address of Florida registered agent: ((P.C	D. BOX NOT acceptable)		: 20
Name:	John Lentini		<u> </u>		0
Office Address:	115 Hickory Suite 204		<u></u>		
	W. Melbourne		, Florida 32904		
	(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.

(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.

12.4 Names and business addresses of officers and/or directors;	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	7. S. C.
Address:	上
Director:	10 2 0
Address:	
	Α
Director:	
Address:	
B. OFFICERS	
President: Anderson Cox	
Address: 1244 Executive Blvd. Suite B113	
Chesapeake VA 23320	
Vice President: John Lentini	
Address: 1244 Executive Blvd. Suite B113	
Chesapeake VA 23320	
Secretary: Randall Spurrier	
Address: 1244 Executive Blvd. Suite B113 Chesapeake V	/A 23320
Treasurer: Gerald Brooks	
Address: 1244 Executive Blvd. Suite B113 Chesapeake V	'A 23320
. Kodi 055,	
NOTE: If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.
13. Millen Ala	
(Signature of Director or Officer listed in number 12 of the	e application)
Anderson Cox	

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

Commontorealth of Hürginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

BAZON-COX AND ASSOCIATES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is August 10, 1992.

Nothing more is hereby certified.

SECNETARY OF STATE



Signed and Sealed at Richmond on this Date: November 6, 2008

Joel H. Peck, Clerk of the Commission