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08/03/09--01039--005 **78.75

2009 SEP 21 PN 4: 38 SECRETARY OF STATE

T. Burch SEP 222

COVER LETTER

то:	New Filing Section Division of Corporations
SUBJ	ECT: Barton Myers Associates, Inc.
	Name of corporation - must include suffix
Dear S	ir or Madam:
"Certif	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," Teate of Existence," and check are submitted to register the above referenced foreign corporation to business in Florida.
Please	return all correspondence concerning this matter to the following:
	Victoria Myers
	Name of Person
	Barton Myers Associates, Inc.
	Firm/Company
	1025 Westwood Boulevard
	Address
	Los Angeles, California 90024-2902
	City/State and Zip code
	v_myers@bartonmyers.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
John	Wyka at (310) 208-2227 x119
	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
Enclose	ed is a check for the following amount:
 \$7 0	.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\s



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2009

VICTORIA MYERS 1025 WESTWOOD BLVD LOS ANGELES, CA 90024-2902

SUBJECT: BARTON MYERS ASSOCIATES, INC.

Ref. Number: W09000035330

We have received your document for BARTON MYERS 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 109A00026568

Tim Burch Regulatory Specialist II

Division of Cornerations P.O. ROV 6227 Tallahaggae Florida 22214

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.

_{I.} Baπon муе	rs Associates, Inc.			
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	AHASSEE.
(If name unavail	lable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	in Florida?
2. California		3.	95-3904115	ATE RD/
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
_{4.} February 14	ł, 1984	5.	perpetual	
(Date	e of incorporation)	•	(Duration: Year corp. will cease to exist or "po	erpetual")
6. NIA				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_{7.} _1025 Westwo	ood Boulevard, Los Angeles, CA	90	024-2902	
	(Principal office	add	ress)	
same as abo	ove			
	(Current mailing	add	ress)	
3. All business	· · · · · · · · · · · · · · · · · · ·			
(Purpose(s	s) of corporation authorized in home state of	r cc	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North			
	Loxahatchee		, Florida 33470	
	(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.

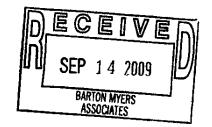
909 SEP 21 PM 1:

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

A. DIRECTORS			
Chairman: Barton Myers			
Address: 949 Toro Canyon Road	AEC!	2009	_
Montecito, California 93104	会に	SEP	
Vice Chairman: Victoria Myers	SEE O	2	
Address: 949 Toro Canyon Road		<u>R</u>	_ (
Montecito, California 93104		ω ω	
Director:			_
Address:			
			_
Director:			<u> </u>
Address:			_
B. OFFICERS			
President: Barton Myers			
Address: 949 Toro Canyon Road			
Montecito, California 93104			
Vice President:			_
Address:			
Secretary: Victoria Myers	·		
Address: 949 Toro Canyon Road, Montecito, California 93104			_
Treasurer: Victoria Myers			_
Address: 949 Toro Canyon Road, Montecito, California 93104			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direc	ors.		
(Signature of Director or Officer listed in number 12 of the application)			
14. Victoria Myers			

State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

BARTON MYERS ASSOCIATES, INC.

FILE NUMBER:

FORMATION DATE:

TYPE: JURISDICTION:

STATUS:

C1224057

02/14/1984

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 08, 2009.

> **DEBRA BOWEN** Secretary of State