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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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09/21/09--01055--014 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/13

mg-42514

42

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bone Voyage, 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," or "Certificate of Good Standing" 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:

Linda Suzan Baker

Name of Person

Bone Voyage, Inc.

Firm/Company

PO Box 134

Address

Islamorada, FL 33036

City/State and Zip code

leesuzanbaker@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Suzan Baker

Name of Person

at (305) 393-0111

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 CopCe ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2009

LINDA SUZAN BAKER
BONE VOYAGE INC
PO BOX 134
ISLAMORADA, FL 33036

SUBJECT: BONE VOYAGE, INC
Ref. Number: W09000042514

We have received your document for BONE VOYAGE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 109A00031094

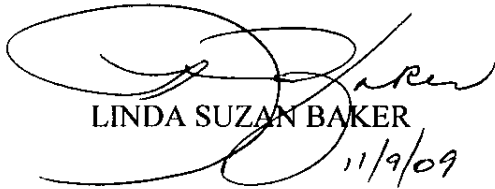
BONE VOYAGE, INC.
PO BOX 189
ISLAMORADA, FL 33036

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I WILL NOT REVOKE THE VOLUNTARY DISSOLUTION OF

BONE VOYAGE, INC.

FILED 11/2/2009 AND I RELEASE THE NAME TO BE FILED BY ANOTHER
ENTITY.


LINDA SUZAN BAKER
11/9/09

REC'D

2009 NOV 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Bone Voyage, Inc.

(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. Delaware

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

3. applied for

(FEI number, if applicable)

4. 8/17/2009

(Date of incorporation)

5. perpetual

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

6. no transaction

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 82994 Overseas Highway, Islamorada, FL 33036

(Principal office address)

PO Box 134, Islamorada, FL 33036

(Current mailing address)

8. aircraft transport

(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: Linda Suzan Baker

Office Address: 82994 Overseas Highway

Islamorada, Florida 33036

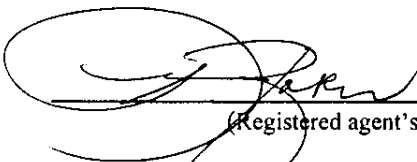
(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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:

A. DIRECTORS

Chairman:

Lee W Baker

Address:

P.O. Box 189

Islamorada Fl 33036

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman:

Address:

Director:

Linda Susan Baker

Address:

P.O. Box 189

Islamorada Fl 33036

Director:

Address:

B. OFFICERS

President:

Lee W Baker

Address:

P.O. Box 189

Islamorada Fl 33036

Vice President:

Address:

Secretary:

Address:

Treasurer:

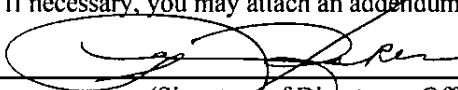
Linda Susan Baker

Address:

P.O. Box 189, Islamorada Fl 33036

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.

Linda Susan Baker Treasurer/Director

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

Delaware

The First State

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PAGE 09 NOV 12 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BONE VOYAGE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

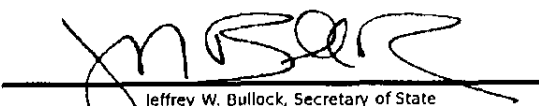
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BONE VOYAGE, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2009.

4720780 8300

090934395

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7582507

DATE: 10-14-09