

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION

BKM, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 JAN 25 PM 12:25

1/26/11

## COVER LETTER

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

**SUBJECT:** BKM, 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:

Kathryn Heinonen

Name of Person

BKM, Inc.

Firm/Company

PO Box 1388

Address

Bangor, ME 04402-1388

City/State and Zip code

kheinonen@crossagency.com

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

For further information concerning this matter, please call:

Kathryn Heinonen

at ( 207 ) 947-7345

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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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN  
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Royce Cross do hereby certify  
(Name)

that this Resolution of the Board of Directors of \_\_\_\_\_

BKM, Inc.  
(Name of Corporation)

a corporation duly organized and existing under the laws of the State of Maine  
(State or Country)

was adopted on August 21, 2008, adopting the alternate

name of B. K. McCarthy Insurance Agency, Inc.  
(Alternate Name) NOTE: Must contain a corporate suffix

for use in Florida as its real name is unavailable in Florida.

Date: 1/21/2010

[Signature]  
Signature of Chairman, Vice Chairman of the Board, a  
director or any officer

Royce M. Cross, President

Title of person signing

**FILING FEE \$35**

**(No fee required if submitted with a foreign not for profit qualification or amendment)**

Make checks payable to Florida Department of State and mail to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

CR2B126 (6/08)

FL/DOT - 6/1/2008 C.T. Smyke/Cplm

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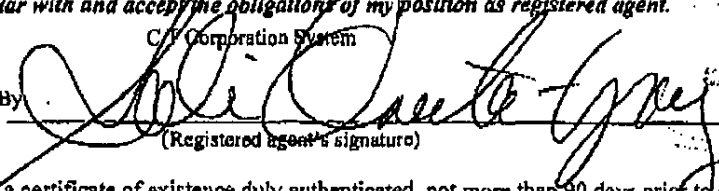
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. BKM, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
B. K. McCarthy Insurance Agency, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Maine 3. 26-3295403  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 8/21/08 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/11  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)
7. 139 Lynnfield Street, Ste 210, Peabody, MA 01960  
(Principal office address)  
  
PO Box 1388, Bangor, ME 04402-1388  
(Current mailing address)
8. Insurance sales  
(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: CT Corporation System  
  
Office Address: 1200 South Pine Island Road  
  
Plantation, Florida 33324  
(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.*

By:   
(Registered agent's signature)  
  
CALVINA AMENTA-GRAY  
SPECIAL ASSISTANT SECRETARY

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.

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

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A. DIRECTORS

Chairman: Woodrow W. Cross

Address: 74 Gilman Road

Bangor, ME 04401

Vice Chairman: Royce M. Cross

Address: 74 Gilman Road

Bangor, ME 04401

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Royce M. Cross

Address: 74 Gilman Road

Bangor, ME 04401

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Royce M. Cross, President

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

# State of Maine



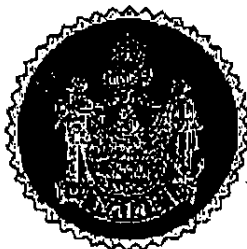
## Department of the Secretary of State

*I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.*

*I further certify that BKM, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is August 21, 2008.*

*I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.*

*In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-fifth day of January 2011.*



A handwritten signature in black ink, reading "Charles E. Summers, Jr.", written over a horizontal line.

**Charles E. Summers, Jr.**  
**Secretary of State**

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