

Jun 20 2011

3:32PM

P 1

RECEIVED

p. 1

# F1100002545

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000163414 3)))



H110001634143ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 453-9885

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 20 AM 8:35

FILED

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

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

**FOREIGN PROFIT/NONPROFIT CORPORATION  
BLS OF IOP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN 20 PM 4:54

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers JUN 21 2011

H11000163414 3

**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. BLS OF IOP 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. SOUTH CAROLINA**

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

**3. 74-2917780**

(FEI number, if applicable)

**4. 07/12/1999**

(Date of incorporation)

**5. PERPETUAL**

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

**6. UPON QUALIFICATION**

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

**7. 404 MERRITT BLVD, ISLE OF PALMS, SOUTH CAROLINA 29451**

(Principal office address)

**404 MERRITT BLVD, ISLE OF PALMS, SOUTH CAROLINA 29451**

(Current mailing address)

**8. to engage in any activity or business permitted under the laws of the State of Florida.**

(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: **ROBERT WILCOX**

Office Address: **800 WEST MONROE ST**

**JACKSONVILLE**

(City)

, Florida **32202**

(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.*

*Robert Wilcox*

(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.**

H11000163414 3

2011 JUN 20 AM 8:35  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000163414 3

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

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: PAUL J REDDY

Address: 404 MERRITT BLVD, ISLE OF PALMS, SOUTH CAROLINA 29451

Vice President: BARBARA A. REDDY

Address: 404 MERRITT BLVD, ISLE OF PALMS, SOUTH CAROLINA 29451

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

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

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

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

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

13. Paul J. Reddy \_\_\_\_\_  
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. PAUL J REDDY, PRESIDENT

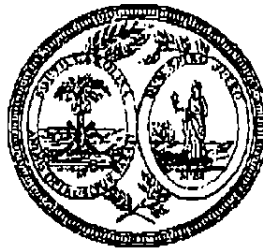
(Typed or printed name and capacity of person signing application)

H11000163414 3

FILED  
JUN 20 AM 8:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

H11000163414 3

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

BLS OF IOP INC.,  
a corporation duly organized under the laws of the State of South Carolina on July 12th, 1999, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
20th day of June, 2011.

*Mark Hammond*  
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

H11000163414 3