# F11000002612

(Requestor's Name)
(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:
Office Use Only
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VALIDAT - 02 02 LY

% M. P. McCarthy
B10-S6N TECH INT'L CORP
REQUESTORS NOW 18 TERRACE 106
Address
Doral, FL 33172
City State ZIP Phone

898.7835

#### **CORPORATION(S) NAME**

Bio-S	ng Tech	nologies	. International Corp
( ) Profit ( ) NonProfit	( )	Amendment	( ) Merger
( ) Foreign	( )	Dissolution	( ) Mark
( ) Limited Partnership ( ) Reinstatement	( )	Annual Report Reservation	Other Foreign Corp ( )/Change of Registered Agent
( ) Certified Copy	( )	Photo Copies	( /) Certificate Under Seal
( ) Cell When Ready ( ) Walk In	( ) Will Walt	Call If Problem	( ) After 4:30 1 Pick Up ( ) Mail Out

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Name	
Availability	
Document	 
Examiner	
Updater	
Venfier	 
Acknowledgment	
W.P. Verifier	

CR2E031 (R8-85)

**Timpire** Toll Free: 1-800-432-3028

### **COVER LETTER**

TO: New Filing Section Division of Corporations	<b>.</b>		
SUBJECT: BIO-SNG T	echnologies	International Corp	o.
	<del></del>	tion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	ertificate of Good S	Standing" and check are sub	
Please return all correspondence	concerning this ma	atter to the following:	
Michael P. McCarthy			
	Name	of Person	
<b>BIO-SNG Technolog</b>	ies Internation	onal Corp.	
	Firm/C	Company	
8728 NW 18 Terrac	e Suite 106	6	
***************************************	A	ddress	
Doral, Florida 33172			
	City/Sta	te and Zip code	
mmcarthy@clpglobal.co	m		
		sed for future annual report	notification)
For further information concerning	ng this matter, plea	se call:	
Frank Segredo	at ( 305	, 898-7835	
Name of Person	Aı	ea Code & Daytime Teleph	one 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 follow	ving amount:		
\$70.00 Filing Fee \$78.	.75 Filing Fee & tificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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

			NICHES, THE PULLOWING IS SUDMITT	TOTAL	
KEGISTEK A FOK	EIGN CORPORATION TO TRANSAC	I E	BUSINESS IN THE STATE OF FLORIDA.		11
<ol> <li>BIO-SNG Tecl</li> </ol>	nnologies International Corp.			: <del>/ / /</del>	۷
	rporation; must include "INCORPORATE rp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		7017
<del> </del>					API
(If name unavailal	ble in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting business i	n Florida)	ز (
2. Nevada		3.	45-2499320		Œ
(State or country u	nder the law of which it is incorporated)		(FEI number, if applicable)		_
<sub>4.</sub> June 9, 2011		5.	perpetual		
(Date o	of incorporation)		(Duration: Year corp. will cease to exist or "pe	erpetual")	_
S. Not transacte	ed business in Florida to-date.				
	(Date first transacted busines		n Florida, if prior to registration)		_
	(SEE SECTIONS 607.1501 & 607	7.15	602, F.S., to determine penalty liability)		
<sub>7.</sub> 8725 NW 1	8 Terrace suite 106 Doral	,	Florida 33172		
	(Principal office a	ıddı	ress)		
8725 NW	18 Terrace suite 106 Do	ra	l, Florida 33172		
	(Current mailing a	ıdd	ress)		_
<del>-</del>					
,. <u> </u>	any lawful business activity				_
(Purpose(s)	of corporation authorized in home state or	cc	unitry to be carried out in state of Florida)		
9. Name and street	address of Florida registered agent: (F	P.C	D. Box NOT acceptable)		
Name:	Irv J. Lamel		10.00		
Office Address:	2541 SW 27 Avenue 3rd flo	00	<u> </u>		
	Mlami		, Florida 33133		
	(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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Mario G. Beruvides Address: 8725 NW 18 Terrace suite 106 Doral, Florida 33172 Michael P. McCarthy Address: 8725 NW 18 Terrace suite 106 Doral, Florida 33172 Director: James L. Simonton Address: 8725 NW 18 Terrace suite 106 Doral, Florida 33172 Director: C. Marcelo beruvides Address: 8725 NW 18 Terrace suite 106 Doral, Florida 33172 **B. OFFICERS** President: Terry R. Collins Address: 8725 NW 18 Terrace suite 106 Doral, Florida 33172 Vice President: Address: Secretary: C. Marcelo Beruvides Address: 8725 NW 18 Terrace suite 106 Doral, Florida 33172 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. DIRECTOR 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. Michael P McCarThy

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

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: \_\_\_\_ Director: Terry R. Collins Address: 8725 NW 18 Terrace suite 106 Doral, Florida 33172 Director: \_\_\_\_ B. OFFICERS President: Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Michael P. MacarThy WIRECTOR

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

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BIO-SNG TECHNOLOGIES INTERNATIONAL CORP, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 9, 2011, and is in good standing in this state.

office on June 9, 2011.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20110609-0870
You may verify this electronic certificate
online at http://www.nvsos.gov/