

F12000003482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 AUG 23 PM 1:49

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Aug 23/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BC COMPANY CORP
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:

PAULINA SASTRE

Name of Person

BC COMPANY CORP

Firm/Company

311 FALLING LEAF WAY

Address

CASSELBERRY, FL, 32707

City/State and Zip code

BCCOMPANY@ICENETWORKS.COM

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

For further information concerning this matter, please call:

ANA SASTRE

Name of Person

at (787-599-3580) 8AM TO 5PM

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2012

PAULINA SASTRE
BC COMPANY CORP
311 FALLING LEAF WAY
CASSELBERRY, FL 32707

SUBJECT: BC COMPANY CORP
Ref. Number: W12000043712

We have received your document for BC COMPANY CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 512A00021570

**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. B.C. COMPANY CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

B.C. COMPANY CORP. P.R.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO

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

3. N/A

(FEI number, if applicable)

4. 09/30/2008

(Date of incorporation)

5. PERPETUAL

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

6. N/A

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

7. PO 10593, SAN JUAN, PR, 00920

(Principal office address)

SAME

(Current mailing address)

8. DISTRIBUTION PURPOSE

(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: ANA SASTRE

Office Address: 311 FALLING LEAF WAY

CASSELBERRY

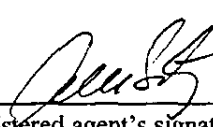
(City)

, Florida 32707

(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.

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

A. DIRECTORS

Chairman: ANA SASTRE

Address: 311 FALLING LEAF WAY
CASSELBERRY, FL, 32707

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANA SASTRE

Address: 311 FALLING LEAF WAY
CASSELBERRY, FL, 32707

Vice President: _____

Address: _____

Secretary: ANA SASTRE

Address: 311 FALLING LEAF WAY, CASSELBERRY, FL, 32707

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. ANA SASTRE Pres.

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

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Government of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

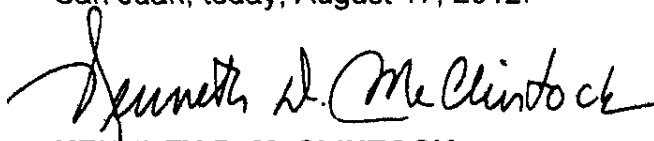
CERTIFICATE OF EXISTENCE

I, **KENNETH D. McCLINTOCK**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, according to our records "**B.C. COMPANY CORP.**", registration number **184119**, a **Profit** corporation organized in accordance to the laws of Puerto Rico on **September 30, 2008**, at **1:48 PM**.

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.03 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, I hereby sign and cause the Great Seal of the Commonwealth of Puerto Rico to be affixed on it, in the city of San Juan, today, August 17, 2012.


KENNETH D. McCLINTOCK
Secretary of State

KMH/rs
05772 - \$10.00

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