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Special Instructions to Filing Officer:			
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Office Use Only



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06/28/13--01006--009 **70.00

07/22/13--01012--003 **650.00

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SECRETARY OF STATE
FALLAHASSEE, FLORID

1 07/22/13

W13-37652



July 2, 2013

DAVID B. NELSON BON SECOUR FISHERIES, INC. P O BOX 60 BON SECOUR, AL 36511

SUBJECT: BON SECOUR FISHERIES, INC.

Ref. Number: W13000037652

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

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 513A00016347

COVER LETTER

TO:	New Filing Sec Division of Cor			
SUBJ	ест: <u>Во</u>	Name of corpora	ion - must include suffix	
Dear S	ir or Madam:			
"Certif	icate of Existenc	ion by Foreign Corporation e." or "Certificate of Good Son corporation to transact but	Standing" and check are sub	
	return all corresp	nondence concerning this ma	ntter to the following:	
			of Person	
K	Box Secon	ur Fisheries, I	ac .	
			Company	
P	OBOK	leO		
		Ac	ddress	
B	on Secon	er AL 365	511	
	drelear	Douserout	te and Zip code 18 LENES, LOW ed for future annual report	notificațion)
For fur	ther information	concerning this matter, plea	se call:	
Do	WID Ne Name of Perso	1500 at (28	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		
Enclose	ed 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

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. Bon Secour Fishenes, 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) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) on 60, Bon Secon At 36511
(Current mailing address) Delivery of Seafood (Purpose(s) of corporation authorized in home state of country to be carried 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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 b	ousiness addresses of officers and/or directors:	
A. DIRECTOR		
Chairman:	John Kay Nelson	
Address:	$U \cap Q_{\Delta \nu} = 0$	
	Box Socon M. 36511	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	John & Nelson	
	00 Par 100	
Address	Bon Secon Ac 36511	
Din-14-11	David & Nelson	
	POBOX60	
Address:	Box Socret At 36511	
	Al Mala	
	PO BOX 60	50
Address:	Box Secon Al 36511	
	TON OLLOW AL CUST!	L 22 HASS
B. OFFICERS	Tot A Alabani	RY OF
President:		F STA
Address:	POBORGO	
	BoxSecour AL 36511	<b>&gt;</b>
Vice President:	David B Nelson	
Address:		
., 0	Box Secon AC 36511	VII. 1. 444-44 1. 1. 1. 1. 1. 1. 2. 2. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
Vice Pres . Secretary:	Chris Nelson	
Address:	POBOR 60, BonSecour Al	2 36511
cr/Treasurer: <u>We</u>	1 . 4 / 1 / 1 - '	
Address:	PO BOR 60, Bon Secour AL	36511
More attached	sary, you may attach an addendum to the application isting additions	
13.	Navat D Nelson	ar omeers and or an estate.
	Signature of Director or Officer	
are true and that	rector signing this document (and who is listed in number 12 above) and he or she is aware that false information submitted in a document to	
_	ony as provided for in s.817.155, F.S.	
14.	(Typed or printed name and capacity of person signing applic	cation)

12. Names and business addresses of officers and/or directors: A. DIRECTORS cour AL 36511 Director Directon Address: Director: Address: **B. OFFICERS** President: Vice President: Address: ____ Secretary: ___ Address: ___ Treasurer: 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. (Typed or printed name and capacity of person signing application)

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Bon Secour Fisheries, Inc. was formed in Baldwin County, Alabama on January 1, 1959. The Alabama Entity Identification number for this entity is 002-822. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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SECRETARY OF STATE
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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

6/26/2013

Date

Beth Chapman

Beth Chapman

Secretary of State