## F13000003178

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	1
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SECRETARY OF STATE
ALL AHASSEE FILES

T. Such JUL 25 2013

## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: P.J. MCTAVISH	-1 & CO.,	INC.	
		- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to the component of the corporation of the corporation to the corporation of the corporation to the corporation of the co	e of Good Star	iding" and check are sub	ct Business in Florida," omitted to register the
Please return all correspondence concern SHERI HORNE	ing this matter	to the following:	
BSI - CONTRACTOR S	Name of ERVICE		
36 ARLINGTON ROAD			
JACKSONVILLE, FL 32			
SHERI@BSICONTRACTO		CES.COM	
For further information concerning this n	-	for future annual report rall:	ouncation)
SHERI HORNE	<sub>a.</sub> 904	683-5494	
Name of Person	Area (	Code & Daytime Telepho	one Number
New Filing SectionNew Filing Division of CorporationsDivision DivisionClifton BuildingP.O. Box		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations
Enclosed is a check for the following amo	ount:		
□ \$70.00 Filing Fee ■ \$78.75 Filin Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

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

1.	TAVISH & CO., INC.	CRE LAIM
	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"  ARY OF SI  F. F
(If name unavail	lable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Elorida
<sub>2.</sub> MARYLA	AND	<sub>3</sub> 52-2134194
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 11-16-19		, PERPETUAL
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
<sub>7</sub> 36 ARLIN		ACKSONVILLE, FL 32216
/·	(Principal office ac	
<del></del>	(Current mailing ac	idress)
U	D ALL LAWFUL BUSINES	
(Purpose(	s) of corporation authorized in home state or	country to be carried out in state of Florida)
9. Name and street	<u>et address</u> of Florida registered agent: (P	O. Box NOT acceptable)
Name:	SHERI HORNE - BSI	
Office Address:	36 ARLINGTON ROAD SO	UTH
Office Plantess.	JACKSONVILLE	
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appoin	vice of process for the above stated corporation at the plac stment as registered agent and agree to act in this capacity. Is relative to the proper and complete performance of my of my position as registered agent.
	$\rho_{l}$ . $\rho_{l}$	

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:	13 SEC TALI
A. DIRECTORS	7. 22 A.SSSI
Chairman: PATRICK J. MCTAVISH	
Address: 13400 DOGWOOD DRIVE, SILVER SPRINGS, MD, 20904	0F <b>P</b> 10
Vice Chairman:	<u> </u>
Address:	
Director:	
Address:	
Director:	
	<del></del>
Address:	
B. OFFICERS	
President: PATRICK J. MCTAVISH	
Address: 13400 DOGWOOD DRIVE, SILVER SPRINGS, MD 20904	
Vice President:	<u> </u>
Address:	
Secretary:	
Address:	<u></u>
Treasurer:	
Address:	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addondum 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 are true and that he or she is aware that false information submitted in a document to the Departmen a third degree felony as provided for in s.817.155, F.S.	: facts stated herein it of State constitutes
14. PATRICK J. MCTAVISH, PRESIDENT	

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT P.J. MCTAVISH & CO., INC., INCORPORATED NOVEMBER 16, 1998, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 16, 2013.

Paul B. Anderson Charter Division SECRETARY OF STATE
TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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