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Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	
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DIVISION OF CORPORATIONS

2113 SEP 16 PM 1: 16

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COVER LETTER

Division of Corpo			
SUBJECT: D.B.C.	Corporation		
Sobsect.		ion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"		for Authorization to Transactanding" and check are sub	
-	ndence concerning this ma	tter to the following:	
Mireille De Beu	ıkelaer		
		of Person	
D.B.C. Corpora	ation		
	Firm/C	ompany	
P.O. Box 1697			
	Ad	ldress	
Madison, MS 3	9130		
	City/State	e and Zip code	
mdebeukelaer@	mac.com		
	E-mail address: (to be use	ed for future annual report r	notification)
For further information co	oncerning this matter, pleas	se call:	
Mireille De Beu	ıkelaer _{at (} 601	, 856-7454 ex	kt 122
Name of Person	Are	ea Code & Daytime Telepho	one Number
STREET/COUR New Filing Section Division of Corporation Building 2661 Executive Corporation Tallahassee, FL 20	on orations Tenter Circle	MAILING A. New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for th	e 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



August 1, 2013

MIREILLE DE BEUKELAER P.O. BOX 1697 MADISON, MS 39130

SUBJECT: DE BEUKELAER CORPORATION

Ref. Number: W13000043053

We have received your document for DE BEUKELAER CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 113A00018546

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.

(If name unavaila	·	ne adopted for the purpose of transacting business	in Florida)	•
2. Mississipp	nder the law of which it is incorporated)	3. 64-0608835 (FEI number, if applicable)	· · · · ·	-
May 1984	•	Perpetual		
·1.	of incorporation)	(Duration: Year corp. will cease to exist or "p	erpetual")	-
6				
0.		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	2113	SIAIO
₇ 228 Industrial Drive N., Madison, MS 39110		SEP SEP	SE CO	
(Principal office address)		16		
P.O. Box 1	697, Madison, MS 39130		70	중숙(
	(Current mailing ac	idress)		25 25
			7.	20
。Purchase v	vorker's compensation cove	rage for an employee that reside	s in 🗜 L	ATIONS
		rage for an employee that reside	es in FL	ATL ATIONS
(Purpose(s)		country to be carried out in state of Florida)	es in FL	ATE ATIONS
(Purpose(s)	of corporation authorized in home state or	country to be carried out in state of Florida)	es in 🕏 L	ATE ATIONS
(Purpose(s) 9. Name and street Name:	of corporation authorized in home state or address of Florida registered agent: (I	country to be carried out in state of Florida) P.O. Box NOT acceptable)		ATE ATIONS
(Purpose(s)	of corporation authorized in home state or address of Florida registered agent: (I Corey Howell	country to be carried out in state of Florida) P.O. Box NOT acceptable)		ALION:
(Purpose(s) 9. Name and street Name:	of corporation authorized in home state or address of Florida registered agent: (I Corey Howell Orland	country to be carried out in state of Florida) P.O. Box NOT acceptable) 200 S. Orange Ave O , Florida		ATIC SOL
(Purpose(s) 9. Name and street Name:	of corporation authorized in home state or address of Florida registered agent: (I Corey Howell	country to be carried out in state of Florida) P.O. Box NOT acceptable)		AFIL ATIONS
(Purpose(s) 9. Name and street Name: Office Address:	of corporation authorized in home state or address of Florida registered agent: (I Corey Howell Orland (City) ent's acceptance:	country to be carried out in state of Florida) P.O. Box NOT acceptable) 200 S. Orange Ave O , Florida FL , (Zip code)	328	
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered ag Having been name	of corporation authorized in home state or address of Florida registered agent: (I Corey Howell Orland (City) ent's acceptance: ad as registered agent and to accept see	country to be carried out in state of Florida) P.O. Box NOT acceptable) 200 S. Orange Ave O, Florida (Zip code)	32-8	place
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered ag Having been name designated in this further agree to co	of corporation authorized in home state or address of Florida registered agent: (I Corey Howell Orland (City) ent's acceptance: ad as registered agent and to accept security application, I hereby accept the appoint	country to be carried out in state of Florida) P.O. Box NOT acceptable) 200 S. Orange Ave (Zip code) rvice of process for the above stated corpora atment as registered agent and agree to act is relative to the proper and complete perform	32.8 tion at the n this cap	place

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: none 2013 SEP 16 PM 4: 17 Address: Vice Chairman: none Address: Director: none **B. OFFICERS** President: Peter P. DeBeukelaer 182 Swan Sea Lane Address: Madison, MS 39110 Vice President: Frans Castelein Address: 6610 Corporation Parkway Battleboro, NC 26809 Secretary: Mireille M. DeBeukelaer 182 Swan Sea Lane, Madison, MS 39110 Treasurer: none Address: 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. Mireille DeBeukelaer - Secretary

State of Mississippiecretary of of Missi

Office of the Secretary of State PM 4: 17 C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on March 1, 1978, the State of Mississippi issued a Charter/Certificate of Authority to:

D.B.C. CORPORATION

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand and seal of office July 16, 2013

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 13048310-1 Page 1 of 1 - Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp