

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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RE-SUBMIT

From:

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Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368 Cos of submission

7/28

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Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION BET investments, Inc.

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SECRETARY OF STATE

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Corporate Filing Menu

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COVER LETTER

TO:	New Fil Division	_	ion Porations			
SUBJ	ECT:	BET by	estments, luc.			
			Name of corpora	ulon - must include suffix	· · · · · · · · · · · · · · · · · · ·	
Dear S	Sir or Ma d	am:				
"Certi	ficate of E	xistence	on by Foreign Corporation o," or "Certificate of Good n corporation to transact bu	for Authorization to Transac Standing" and check are subrusiness in Florida.	t Business in Florida," nitted to register the	
Please	return all	corresp	ondence concerning this m	atter to the following:		
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			Nam	e of Person		
BET	investmen	ts, inc.				
			Firm/	Company		
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			A	Address		
Hors	ham, PA I	9044				
			City/St	ate and Zip code		
lwill	iams@beti	nvestmer				
			E-mail address: (to be u	sed for future annual report n	ottication)	
For fi	uther info	rmation	concerning this matter, ple	ase cail:		
Greg	jory F. Gan	nbel, Jr.,	Esquire 215	938-7300	<u> </u>	14
	Name	of Perso	n A	rea Code & Daytime Telepho	one Number	<u></u>
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□ \$7	0.00 Filin	g Fee	578.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status Certified Copy	&

850-617-6381

8/8/2014 12:26:21 PM PAGE 1/001 Fax Server



August 8, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: BET INVESTMENTS, INC.

REF: W14000046342

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Sylvia Gilbert Regulatory Specialist II New Filing Section FAX Aud. #: H14000178655 Letter Number: 814A00016191

RE-SUBMIT
Places selecte original filing
date of submission <u>where</u>

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

		adopted for the purpose of transacting business in F 23-2984606	'ionda
Commonwealth of Po	<u></u>	(PEI number, if applicable)	
	er the law of which it is incorporated)	, , , , ,	
12/10/1998	5.	perpetual	. 1003
(Date of in	corporation)	(Duration: Year corp. will cease to exist or "perp	etu al")
		in Florida, if prior to registration) 302, F.S., to determine penalty fiability)	
200 Witmer Road, Su	ita 200, Horsham, PA 19044		
	(Principal office add	iress)	102
200 Witmer Road, Su	its 200, Horsham, PA 19044	· -	- (-)
· · · · · · · · · · · · · · · · · · ·	(Current mailing add	iress)	
		٠ ئ	為
Name and street add	ress of Florida registered agent: (P.	O. Box NOT acceptable)	HTS HCD
Name:	C T Corporation System		
	1200 South Pine Island Road		
fice Address:			
	Plantation	, Florida	
	(City)	(Zip code)	

By: (Registered agent's signature)

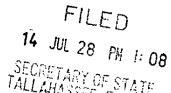
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED

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SECRETARY OF COM-

11. Name	s and business addresses of officers and/or directors:	SECRETARY OF STATE TALLAHASSEE, FLORIO/		
A. DIRE	CTORS	TALLAMASSEE, PLORIDI		
Chairman:				
Address: _				
-				
Vice Chair	nan:			
Address: _				
Director: _				
Address: _		····		
_		·		
Director:				
Address: _				
_				
B. OFFI	CERS			
President:	Michael P. Markman			
Address: _	200 Witmer Road, Suite 200			
_	Horsham, PA 19044			
-Vice Presid	Bruce E. Toll, Chief Executive Officer			
Address:	200 Wilman Dand Suite 200			
	Horsharn PA 19044			
Secretary:				
•				
Address: _				
	f necessary, you may attach an addendum to the application listing additional office	ers and/or directors.		
12.	hm			
	Signature of Director or Officer	that the facts stated herein		
are true a	er or director signing this document (and who is listed in number 12 above) affirms and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.			
	bael P. Markman, President			
	(Typed or printed name and capacity of person signing application)			



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JULY 28, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BET INVESTMENTS, INC.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 12009073-1

Verify this certificate online at http://www.corporations.state.pe.us/corp/soskb/verify.asp