

FI4 000004843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

WYNNW51095

NOV 17 2014

T. SCOTT



700262952077

08/14/14--01023--006 **78.75

11/14/14--01001--013 **650.00

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RECEIVED
DIVISION OF REVENUE
NOV 12 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2014

BENJAMIN EVANS
BNE COMMUNITY
1444 BISCAYNE BLVD., SUITE 203
MIAMI, FL 33132

SUBJECT: BME NETWORKS, INC.
Ref. Number: W14000051095

We have received your document for BME NETWORKS, INC. 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 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.

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Based on the information you have provided and in accordance with s.607.1502(4), 605.0904(7) or 617.1502(4), F.S., this office will reduce the civil penalty of \$1,000 per year to \$500 per year for each year this entity transacted business or conducted its affairs in Florida prior to qualification. Therefore, the total amount due to cover both annual report/uniform business report and penalty fees is \$650.

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.

Tyrone Scott

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BMe Networks, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Benjamin Evans

Name of Person

BMe Community

Firm/Company

1444 Biscayne Blvd.

Suite 203

Address

Miami, FL 33132

City/State and Zip Code

billing@bmecommunity.org

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

For further information concerning this matter, please call:

Benjamin Evans

Name of Person

at (850) 2414196

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. **BMe Networks INCORPORATED**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

BMe Community INCORPORATED

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

2. **Delaware**

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

3. **46-3083316**

(FEI number, if applicable)

4. **2/5/2013**

(Date of Incorporation)

5. _____

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

6. **7/31/2013**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **1444 Biscayne Blvd. Suite 203 Miami, FL 33132**

(Principal office address)

1444 Biscayne Blvd. Suite 203 Miami, FL 33132

(Current mailing address)

8. **Build caring communities**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Heven Leveille

Office Address: 1125 NE 125th St

Suite 229

Miami

(City)

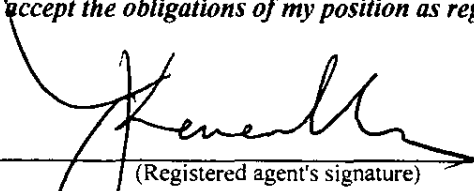
Florida

33161

(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 addresses of officers and/or directors

A. DIRECTORS

Chairman: Benjamin Jealous
Address: 1444 Biscayne Blvd. Suite 203
Miami, FL 33132

Vice Chairman: Trabian Shorters
Address: 1444 Biscayne Blvd. Suite 203
Miami, FL 33132

Director: Charles Best
Address: 1444 Biscayne Blvd. Suite 203
Miami, FL 33132

Director: Karla Ballard
Address: 1444 Biscayne Blvd. Suite 203
Miami, FL 33132

B. OFFICERS

President: Trabian Shorters
Address: 1444 Biscayne Blvd. Suite 203
Miami, FL 33132

Vice President: Benjamin Evans
Address: 1444 Biscayne Blvd. Suite 203
Miami, FL 33132

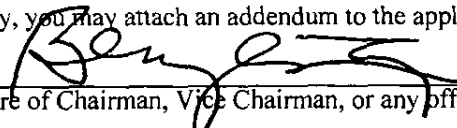
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Benjamin Evans, V
(Typed or printed name and capacity of person signing application)

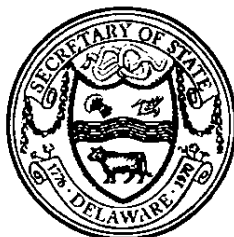
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DIVISION OF
REGISTRATION
AND
LICENSING

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BME NETWORKS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2014.



5284749 8300

141020928

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1585658

DATE: 07-31-14