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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: BD Compliance Name of corporation - n	ASSOCIALS, Inc.
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business is	g" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Caroline Wisniewski	
Name of Per	47 W. T.
BID Compliance Associa	ales, Inc.
Firm/Compar	ny
127 Main Street NW	
Address	
Lilburn, GA 30047 City/State and 2	Zin aada
City/State and a Complance E-mail address: (to be used for the complance)	future annual report notification)
For further information concerning this matter, please call:	
Name of Person Area Cod	LAD-2120 le & Daytime Telephone 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
Enclosed is a check for the following amount:	· · · · · · · · · · · · · · · · · · ·
-	78.75 Filing Fee & S87.50 Filing Fee, ertified Copy 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. (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) 2. Cstate or country under the law of which it is incorporated)

3. 58-2132022

(FEI number, if applicable) 4. 10/1994 5. Recording (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Street NW 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 4453 S. Atlantic Bue #707 Office Address: , Florida <u>32127</u> (Zip code) 9. 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.

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.

. 11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Carrie Wisniewske
Address: 4453 S. Atlantic Ave #707
Ponce In let, FL 32127
Vice Chairman:
Address:
Director: Joe Wishiewski
Address: 5724 Williambowg Dr.
NOVCYOSS, GA 30093
Director: Docen Rettit
Address: H5100 Lucerne Lane
Lilburn, GA 30047
B. OFFICERS
President: Carrie Wisniewski
Address: 4453 S. Atlantic Ave #707
Punce Inlet FL 32127
Vice President:
Address:
Secretary: Carrie Wisnieuskie
Address: 4453 S. Albartic Ave #707
Treasurer: Ponce Tolet, FL 32127
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Carriellisuewik
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)
(1) ped of printed name and capacity of person signing apprication)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER

: K423939 DATE INC/AUTH/FILED: September 21, 1994

JURISDICTION PRINT DATE

: Georgia : May 17, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BD COMPLIANCE ASSOCIATES, INC. A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

B: Ph Brian P. Kemp Secretary of State

Tracking #: s4HddnP1