

F 16000000835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

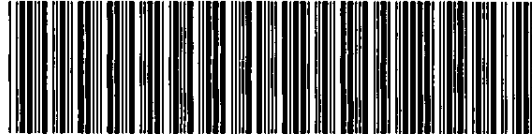
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200282364102

02/23/16--01004--007 **70.00

FILED
2016 FEB 23 A 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOMIN, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KAITLYN B. HILTON

Name of Person

MEYER, KNIGHT & WILLIAMS, L.L.P.

Firm/Company

8100 WASHINGTON AVENUE, SUITE 1000

Address

HOUSTON, TEXAS 77007

City/State and Zip code

DMONTONCHAIKUL@BOMINBUNKERS.COM

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

For further information concerning this matter, please call:

KAITLYN B. HILTON 713 868-2222
at ()
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 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. BOMIN, INC.
(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. LOUISIANA 3. 72-1180140
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/09/1991 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5615 CORPORATE BOULEVARD, SUITE 400B, BATON ROUGE, LOUISIANA 70808
(Principal office address)
- THREE ALLEN CENTER, 333 CLAY STREET, SUITE 2400, HOUSTON, TEXAS 77002
(Current mailing address, if different)

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

Name: C T CORPORATION SYSTEM

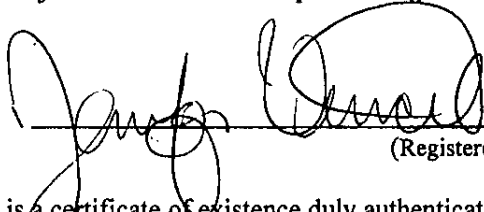
Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

FILED
2016 FEB 23 A 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Jenifer Vincent
Vice President & Assistant Secretary

(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: GENE OWEN
Address: THREE ALLEN CENTER - 333 CLAY STREET, SUITE 2400
HOUSTON, TEXAS 77002

Vice Chairman: THOMAS ROLLER
Address: THREE ALLEN CENTER - 333 CLAY STREET, SUITE 2400
HOUSTON, TEXAS 77002

Director: THOMAS JOHANNSEN
Address: THREE ALLEN CENTER - 333 CLAY STREET, SUITE 2400
HOUSTON, TEXAS 77002

Director: _____
Address: _____

B. OFFICERS

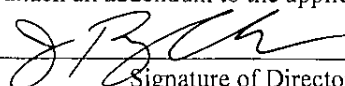
President: GENE OWEN
Address: THREE ALLEN CENTER - 333 CLAY STREET, SUITE 2400
HOUSTON, TEXAS 77002

Vice President: J. PHILIP CHESSON
Address: THREE ALLEN CENTER - 333 CLAY STREET, SUITE 2400
HOUSTON, TEXAS 77002

Secretary: CHRISTOPHER KENNEDY
Address: THREE ALLEN CENTER - 333 CLAY STREET, SUITE 2400, HOUSTON, TEXAS 77002

Treasurer: J. PHILIP CHESSON
Address: THREE ALLEN CENTER - 333 CLAY STREET, SUITE 2400, HOUSTON, TEXAS 77002

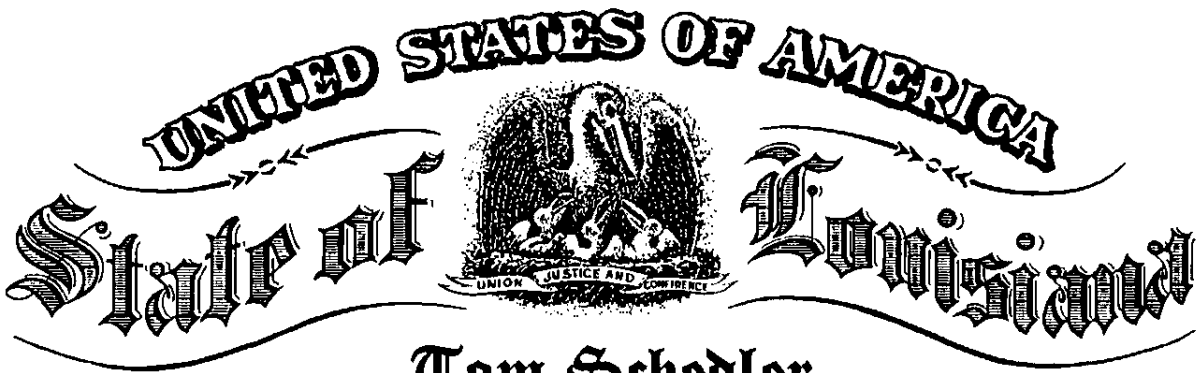
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. J Philip Chesson CFO
(Typed or printed name and capacity of person signing application)

FILED
2016 FEB 23 A 11:10
SECRETARY OF STATE
TAMPA FLORIDA



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

BOMIN, INC.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on January 09, 1991,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 12, 2016

Secretary of State

Web 34370947D



Certificate ID: 10680591#NVM73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov