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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 1 0 2016 S. YOULG



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2016

ANTHONY M BELLISSIMO 201 MORELAND ROAD STE 3 HAUPPAUGE, NY 11788 US

SUBJECT: BSB ASSOCIATES, LTD

Ref. Number: W16000012605

SECRETARY OF STATES

We have received your document for BSB ASSOCIATES, LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return 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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 016A00003518

COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT:	BSB,	Associa	ru, Lris		
SUBJECT.			must include suffi	x	
Dear Sir or Madam:					
The enclosed "Applicate "Certificate of Existence above referenced foreign	e," or "Certificate	of Good Stand	ling" and check are		
Please return all corresp	ondence concerning	ng this matter	to the following:		SECRETAR ALLAIMS
BSB	Alocina	Name of P	erson any Co Zip code		PN L
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	A-01300	ي سد سد	406,600		
For further information			or future annual rep ill:	oort notification)	
Assinous Bea	ilhusura n	at (<u>/3/</u> Area Code		7700 VII elephone Number	-
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	S:	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	
Enclosed is a check for	the following amo	unt:			
59- \$70.00 Filing Fee	\$78.75 Filing Certificate of		\$78.75 Filing Fee Certified Copy		of Status &

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. BSB Associates, LTD, Co.

(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. New York 3. 11-3288859

(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Nov 17th 1995

(Date of incorporation)

5. (Date of duration, if other than perpetual) 3-15-2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607.1502, F.S., to determine penalty liability) 201 MOREINS RO. PRITE 3 HAUPPRUGE WY 11788
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BSB ASSOCIATED LTD, LO (ANDONY BEILISTADO)

Office Address: SBANYON BLAID SLITE 230

NAPLEN ,Florida 34102
(City) (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. Conf 1. huf. (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: Address: Vice Chairman: Address: Director: Address: _____ Director: B. OFFICERS President:

ANThony M. BEILING

Address:

ANThony M. BEILING

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Hampfmage NT. 11788 Vice President: JAMEN Bellissians dur 3 201 Marcina Ro Address: Secretary: GIENN Gellism Luz Hongophusi NY 11788 201 3 Address: Treasurer: 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 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. ____ Anthoy Bellus. ~

(Typed or printed name and capacity of person signing application)

State of New York **Department of State**

I hereby certify, that the Certificate of Incorporation of BSB ASSOCIATES, LTD. was filed on 11/17/1995, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



** ** **

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of January two thousand and sixteen.

Lotuting Scardina

Executive Deputy Secretary of State