## F16000004580

(Req	uestor's Name)	
(Add	lress)	<del></del>
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	<del> </del>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

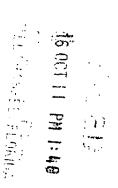
Office Use Only



100290614611

09/27/16--01032--005 \*\*70.00

100290614611 10/12/16--01023--001 \*\*8.75



OCT 1 2 2016

Y SULKER

WH 67700 45

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJ	В&ЈМа	rtin, Inc.				
3000	EC1	Name of c	orporation -	- must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence		Good Stanc	ling" and check are sub	ct Business in Florida," mitted to register the	
Please April F		oondence concerning	this matter	to the following:		
			Name of P	erson		
B & J	Martin, Inc.					
-			Firm/Comp	pany	<del></del>	
18104	West Main St					
			Addres	SS	· · · · · · · · · · · · · · · · · · ·	
Galliar	no, LA 70354					
		C	ity/State an	d Zip code	<u> </u>	
april@	bjmartininc.com					
		E-mail address: (t	o be used fo	or future annual report r	notification)	
For fu	rther information	concerning this matte	er, please ca	ill:		
April I	Foret		985	632-2727		
-	Name of Perso		Area Code	Daytime Telep	hone 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		
	sed is a check for 0.00 Filing Fec	the following amoun  ☐ \$78.75 Filing For Certificate of S	ec & 🗖	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



September 29, 2016

APRIL FORET 18104 WEST MAIN ST GALLIANO, LA 70354

SUBJECT: B & J MARTIN, INC Ref. Number: W16000067255

We have received your document for B & J MARTIN, INC 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 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.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00021032

## COVER LETTER

TO:		nation S on of Co								
<i></i>		B & J N	•							
SUBJI	ECT:			Nan	e of corpo	ration -	must	include suffix	. ,	
Dear Si	ir or Ma	adam:								
"Certifi	icate of	`Existen	ice," o	r "Certifica	Corporation to of Good or transact b	i Stand	ing" a	nd check are su	sact B ıbmitt	usiness in Florida," ed to register the
Please i April Fo		ill corre	sponde	ence conce	rning this r	natter t	o the f	ollowing:		
					Nan	ne of Pe	erson	· · ·		
В&J М _	Aartin, I	nc.								
18104 V	Vest Ma	in St			Firm	/Compa	any			
						Address	 S			
Galliano	o, LA 70	354								
april@b	oimartin	inc.com		• • •	City/St	late and	Zip c	ode		
			Ē.	mail addre	ess: (to be )	ised for	r futur	e annual report	notif	ication)
F. A								o ummur roport	10111	
Por furt	ther mi	ormatioi	n conc	erning this	matter, ple	ease cal	11:			
April Fo	oret				985 at (		632-	2727		
_	Name	of Pers	on		_ \	Code	<i>)</i>	Daytime Tele	phone	Number
	Regist Division Clifton 2661 I	ration So on of Co o Buildin	ection orporating e Cent	ter Circle	ess:			MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Sectio Corpoi 27	on rations
Enclose	ed is a c	heck for	r the f	ollowing a	nount:					
<b>\$</b> \$70.	.00 Fili	ng Fec	×	\$78.75 Fil Certificate	ing Fee & e of Status			Filing Fee & ed Copy	0	\$87.50 Filing Fee, Certificate of Status Certified Copy
			ad	dir <sup>g</sup> state	N					

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

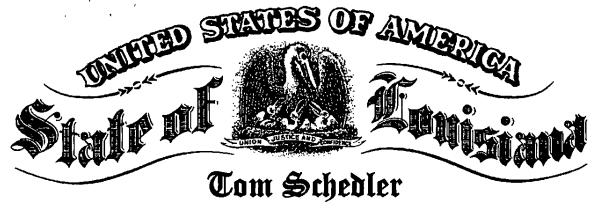
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(16	LL C Plusid		, ru	.1.		
LA	ble in Florida, enter alternate corporate name ad  7	2-0645420		rida)		
(State or country	(State or country under the law of which it is incorporated)  (FEI number, if applicable					
November 15, 19	967 5.					
(Date	of incorporation) 5	(Date of duration, if other than p	perpetual)			
6			٠			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		- ,	130 9		
18104 West Main 7.	Street Galliano, LA 70354		<i>F</i> , .	(		
	(Principal	office address)		-ione	:	
PO Box 448 Cu	ı Off, LA 70345		,		T E	
	(Current mailing	address, if different)	7000	=======================================	į	
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)				
Name:	Gail M. Martin	<del></del>				
Office Address:	201 West Park Ave, Suit	te 100				
	Tallahassee (City)	Florida 32301				
	(City)	(Zip code)				

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. DIRI	ECTORS			
Chairman	:			
Address:				
Vice Chai	rman;			
Director				
			-	
Address:				
		<del></del>		
Director:				
Address:				
B. OFF			130 g	
	Gail Martin	21 - 21 - 67;	_	
	18104 West Main St	~ ~ ~	- PI	
rudiess.	Galliano, LA 70354	Ž.	- :	2 * 1 <b>8</b> -2
Vice Presi	ident:	<u> </u>	<b>6</b>	
Address:				
~	Jimmie Martin			
Secretary:	18104 West Main St. Galliano, LA 70354	· · ·		
Address:	Total West Maria C. Carlando, 221 1033 1	••		
Treasurer:	:			
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	/or direc	etors.	
12.	Sail M. Martin			
	Signature of Director or Officer	- c	محمل امتعتد	:-
The officare true a	ter or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department	e racis s	tated ner	tutes
a third de	egree felony as provided for in s.817.155, F.S.			
13	Gail M. Martin, President  (Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·		
	(Figure or printed name and canacity of person signing application)			



SECRETARY OF STATE

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

the Articles of Incorporation of

B. & J. MARTIN, INC.

Domiciled at GALLIANO, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on November 15, 1967,

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,

Secretary of State

September 22, 2016 -

Certificate ID: 10750783#2N83

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

Web 28008190D