## F17000002558

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
W17-41702		





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#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 16, 2017

KATE MERCER 4195 S TAMIAMI TRL, #150 VENICE, FL 34293

SUBJECT: BUSINESS CONCEPTS OF SOUTH WEST FLORIDA , INC. Ref. Number: W17000041702

Ref. Number: W17000041702

We have received your document for BUSINESS CONCEPTS OF SOUTH WEST FLORIDA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Alternative name need profit corporate suffix: corp, co, inc.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 717A00009731

here we corrected the dows.

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Business Concepts, 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:		
Kate Hyland Mercer Warme of Person		
Name of Person		
Business Concepts, Inc.		
Firm/Company		
9195 South Tamidmi Trail #150		
Address		
City/State and Zip code  KHM@ Business— Concepts. biz  E-mail address: (to be used for future annual report notification)		
City/State and Zip code		
KHM@ Business-Concepts. biz		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 Certificate of Status  S78.75 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. (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 transport of of transpo Business Concepts of South West Florida, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) nning: May 15, 2017
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: South Tamiami Trail Office Address: 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. 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: Mark L. Mence Tumidmi Trail Venice, FL 34293 Director: Address: **B. OFFICERS** Address: FL 34293 Vice President: Address: \_\_ aniamitrail Venice FL 34293 Treasurer: amiami Trail 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.

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



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

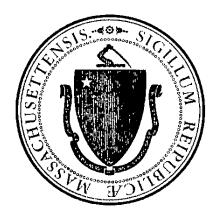
Date: May 09, 2017

To Whom It May Concern:

I hereby certify that according to the records of this office,

**BUSINESS CONCEPTS, INC.** 

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranin Galicin

Certificate Number: 17050188260

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: