

Division of Corporations

F19000362599

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000362599 3)))



H190003625993ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC
Account Number : I20170000051
Phone : (239)552-4100
Fax Number : (239)263-7922

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
BK LIQUIDATION COMPANY**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help **T GLASS**

DEC 18 2019

(((H19000362599 3)))

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** BK LIQUIDATION COMPANY
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:

BLAKE W. KIRKPATRICK

Name of Person

WOOD, BUCKEL & CARMICHAEL

Firm/Company

2501 GOODLETTE NORTH, 6TH FLOOR

Address

NAPLES, FL 34102

City/State and Zip code

BWK@WBCLAWYERS.COM

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

For further information concerning this matter, please call:

BLAKE W. KIRKPATRICKat (239)552-4121

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**☐ \$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

(((H19000362599 3)))

2019 DEC 17 PM 12:37

(((H19000362599 3)))

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDAIN 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. BK LIQUIDATION COMPANY
(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. MICHIGAN 3. 38-3275074
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/07/1996 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. 1211 SW 52nd Terrace, Cape Coral, FL 33914
(Principal office street address)
N/A
(Current mailing address, if different)

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

Name: WOOD, BUCKEL & CARMICHAEL

Office Address: 2150 GOODLETTE NORTH, 6TH FLOOR
NAPLES, 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.


(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(((H19000362599 3)))

(((H19000362599 3)))

A. DIRECTORS

☐ Chairman Name: Bruce Williams

☐ Vice Chairman Address: 1211 SW 52nd Terrace

☒ Director Cape Coral, FL 33914

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Karen Williams

☐ Vice Chairman Address: 1211 SW 52nd Terrace

☐ Director Cape Coral, FL 33914

☐ President _____

☐ Vice President _____

☒ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

2019 Dec 17 PM 2:37

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Bruce Williams

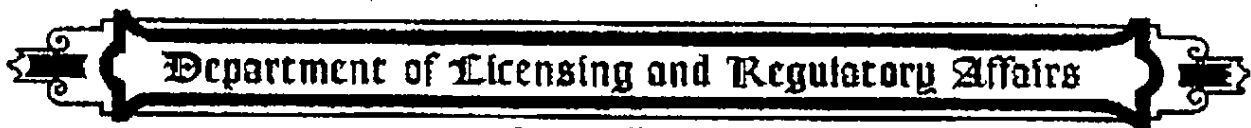
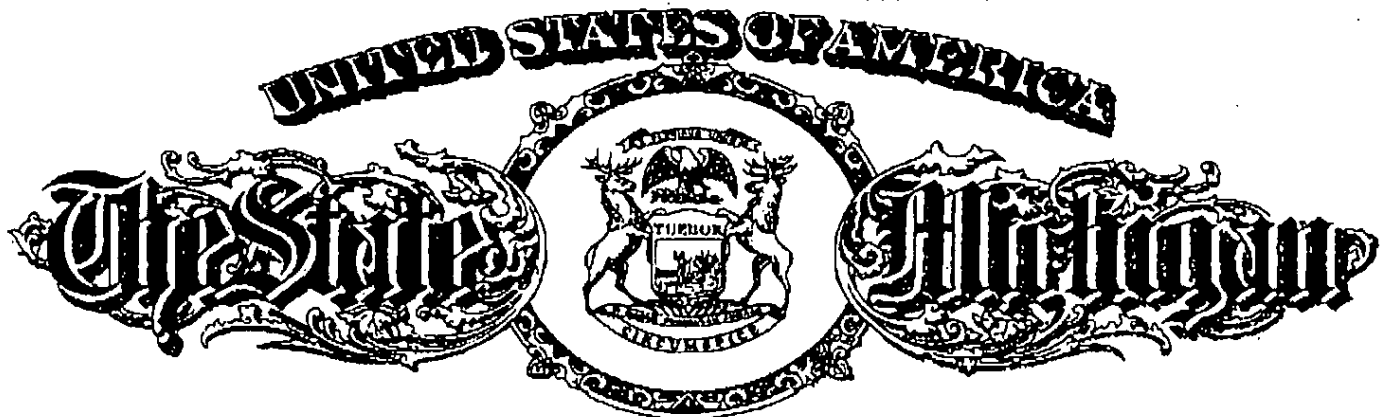
Signature of Director or Officer:

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.

BRUCE WILLIAMS, PRESIDENT

(((H19000362599 3)))

((H19000362599 3)))



This Is to Certify That

BK LIQUIDATION COMPANY

was validly incorporated on February 7, 1986 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other
purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.

2019.12.17 P.12:37



Sent by electronic transmission

Certificate Number: 19127344340

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 12th day of December, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

((H19000362599 3)))