7600000188

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT:	B.C.	M.	<i>C.</i>	11	$^{\prime}$
·		(Natt	e of corpo	ration - must	include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

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	MARILYN 13ASS W96-199 LL1/10
	(Name of Person)
	B.C.M.C.INC.
	(Firm/Company)
OUT MARILED	1.0, Box 3285 PH 2: PROPERTY OF THE PROPERTY O
ייין ולט	(Address) w and a
12/26/95	HALLANDALE FL. 33008-3285
	(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Name of Person)

at 305 932-4603
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



January 4, 1996

MARILYN BASS B.C.M.C., INC. PO BOX 3285 HALLANDALE, FL 33008-3285

SUBJECT: B.C.M.C., INC. Ref. Number: W96000000199

We have received your document for B.C.M.C., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the current mailing address on the lines provided in section 7 of your application.

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 (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 796A00000349

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. B, C, M, C, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. De JALU-AICE (State or country under the law of which it is incorporated) 3. 65-0608852 Sign of State or country under the law of which it is incorporated)
4. August 23, 1995 (Date of Incorporation) 5. Reportural Coursion: Year corp. will cease to exist or "perpetual") 35.
6. NO TRANSACTIONS (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7P.O. Box 3385
HALLAN PACE FL. 33008-3285 (Current mailing address)
8. Shle of Restaurant Supplys & Faciphent (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MARILYN BASS
Office Address: 2851 N.E. 183 St
NHB, FL , Florida , 33160 (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY-P, O, Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: Vice Chairman: Address: Director: Director: ______ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: MARILYN BASS N XIB FL 33160 Vice President: ____ Address: _____ Address: 261 33160 🖝 Тгеаѕигег: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app.

14. MARICHIN 134.55 LEWIS 134.55
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "B.C.M.C., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 1995.

96 JAN 10 PM 2: 34



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7761561

12-21-95

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