TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

**COURIER ADDRESS:** 

**Division of Corporations** 

Tallahassee, FL 32399

409 E. Gaines St.

Qualification/Tax Lien Sec.

SUBJECT: Be	est Bette, Inc.	
·	(Name of corporation - must include suffix)	<del></del>
Dear Sir or Madam	:	
rionda, Cerunca	plication by Foreign Corporation for Authorization to of Existence, and check are submitted to reg to transact business in Florida.	n to Transact Business in ister the above referenced
Please return all cor	respondence concerning this matter to the following	ng: 1277-21248
	Betty J. Musak	
	(Name of Person)	ng: W97-21248 W97-22197
-	Best Bette, Inc.	·
	(Firm/Company)	4000022933044
_	215 Iven Avenue	-09/15/9701121001
	(Address)	*****70.00 *****70.00
_	St. Davids, PA 19087	
_	(City, State and Zip Code)	
Should you need to	call someone concerning this matter, please call:	
Betty J. Mazul	at ( 610 ) 687-1311	e
(Name of F		• lumber
	•	<i>b</i>
		Na Principal

MAILING ADDRESS:

P. O. Box 6327

Qualification/Tax Lien Sec.

**Division of Corporations** 

Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 15, 1997

BETTY J. MUSAK BEST BETTE, INC. 215 IVEN AVENUE ST. DAVIDS, PA 19087

SUBJECT: BEST BETTE, INC. Ref. Number: W97000021248

We have received your document for BEST BETTE, 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 name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

A brief description of the entity's nature of business must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6958.

Lee Rivers Document Examiner

Letter Number: 197A00045782



September 23, 1997

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahesse, Florida 3231

Ref.#W97000021248

Dear Lee Rivers,

In response to your letter regarding Best Bette, Inc.'s request for a License for the State of Florida, we are changing the request from an alternate name to an existing corporation already in place in Pennsylvani. Enclosed please find the documentation for the corporation.

Thank you for your help in this matter.

Sincerely yours,

Betty J. Mazuk



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 29, 1997

BETTY J. MUSAK BEST BETTE, INC. 215 IVEN AVENUE ST. DAVIDS, PA 19087

SUBJECT: BEST BETTE, INC. Ref. Number: W97000021248

We have received your document for BEST BETTE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

It appears that you have chosen to file an application for MAZUK, INC., a different corporation than BEST BETTE, INC., the corporation for which you originally submitted the application. If this is not correct, please let me know. If this is correct, you will still need to adopt a different name for use in Florida, because the name MAZUK, INC. is also unavailable. Attached is a printout showing the corporation which currently holds that name in Florida. Although the corporation was administratively dissolved on 9/26/97, the name will be held until 9/26/98 to allow the Florida corporation to reinstate. You may use the name if you provide a written statement, signed by an officer of the Florida corporation, that that corporation has no intention of reinstating, and releases the name MAZUK, INC

Please also note that the certificate you submitted for MAZUK, INC. is a photocopy, which we cannot accept. You must submit an original certificate dated no more than 90 days ago.

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) 487-6958.

Lee Rivers Document Examiner

Letter Number: 397A00047864



October 30, 1997

Floirda Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Attn: Lee Rivers,

Enclosed please find the items you requested. Thank you for your help in this matter.

Sincerely,

Betty Mazuk, Mazuk, Inc.

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Betty Mazuk (Name)	do hereby certify	 
	VISION NO.	
that this Resolution of the Board of Directors of	NOV-	:
Manula Inc	3 COR OP TO THE PROPERTY OF TH	
Mazuk, Inc. (Corporate Name)	STAT ORAT	
a corporation duly organized and existing under the laws of the State of Penn	isylvan i go,	
was duly adopted onOctober 29		
Be it resolved, that Mazuk, Inc. (Corporate Name)		· vin
organized and existing in the State of Pennsylvania, here	eby adopts the name	-1
Workshop, INC.	for use in Florida.	ī. "
	•	
Dated:10-29-97	er en	
Signature of either Chairman, Vice Chairman or any officer		 <u>-</u>
Betty Mazuk Mazuk, Inc.		·
Type or print name	en e	

INHS19(4/96)

# 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. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-					
(Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indice person or partnership if not so contained in the name at pre-	RATED' cate that esent.)	, "COMPAN it is a corpora	Y","CC ation in	RPORATION stead of a natur	or word	is or
2. Commonwealth of Pennsylvania		XXXXXXX	<b>**</b> **	23-17328		•
(State or country under the law of which it is incorporated)	•	. (	FEI nu	mber, if applica	ible)	A10
4. XXXXXX Sept. 1970	5.	Perpetu	ıal	l cease to exist	NON	SECRE
(Date of Incorporation)	(Du	ration: Year co	orp. wil	I cease to exist	or "beib	CIPIE CONTRACTOR
6. Upon receipt of authorization (Date first transacted business in Florida. (SEE SECTION	<u>18 607 1</u>	501 607 1503	ANDS	17155 201		<u> 용하</u> 면
(= ====== (===========================	.5 007.1.	201,007.1202	c, AND	) [7.122, F.S.)	₩.	STA ORA:
7215 Iven Ave.					02	
St. Davids, PA 19087			·			<del></del>
(Current maili	ng addre	:ss)		<del></del>		
8. <u>Interior renovations</u> (Purpose(s) of corporation authorized in home state or country Florida)						<del></del>
<ol> <li>Name and street address of Florida registered acceptable)</li> </ol>	agent	: (P.O. Bo	x or N	Aail Drop Bo	)x <u>NO</u>	<u>r</u> .
Name: Betty Mazuk						
Office Address: - 12 Man-O-War Drive		- <del>-</del>				
Marathon 10 Pacietana de canada		Florida,	330	50		-
10. Registered agent's acceptance:		(2	Zip Cod	e)		
Having been named as registered agent and to acce corporation at the place designated in this applicati registered agent and agree to act in this capacity. I all statutes relative to the proper and complete perfo and accept the obligations of my position as register	ion, I h	ereby acce	pt the	appointmen	t as	ıs of ith
C. Delma	. 0		٠			

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.

(Registered agent's signature)

	Betty J. Mazuk		
	215 Iven Ave., St. Davids, PA 19087		_
		<u> </u>	····
	an:		
	·	7-11-	_
Director:	,		-
Address:			_
_			
Director:		9	_ DIV.
		NO.	SECR LSIOP
		<u>u</u>	ETAR PAR
B. OFFICE	ERS (Street address only- P. O. Box NOT acceptable)	70	7.50 1970:
President:	Betty J. Mazuk	ΐ	STAJ ORAT
Address:	215 Iven Ave., St. Davids, PA 19087	)2	
<del></del>			_
Vice Preside	nt:	•	-
Address:			
Secretary:	Betty J. Mazuk	<del></del>	<del>-</del>
Address:	215 Iven Ave., St. Davids, PA 19087		· · · · · · · · · · · · · · · · · · ·
			_
Treasurer: _	Betty J. Mazuk	·····	_
Address:	215 Iven Ave., St. Davids, PA 19087		<del>-</del> _
NOTE: If n officers and/	ecessary, you may attach an addendum to the application listing additional or directors.		
13(Sig	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		-
14B	etty J. Mazuk, President (Typed or printed name and capacity of person signing application)		



## COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

AUGUST 25, 1997

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

SECRETARY OF STATE OF CORPORATIONS

97 NOV -3 PM 2: 02

I DO HEREBY CERTIFY THAT,

MAZUK, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

SWAL