TRANSMITTAL LETTER

	Division of Corporations					
	SUBJECT: BMAR & Associates, Inc.					
	(Name of corporation - must include suffix)	96924				
,	Dear Sir or Madam: -12/22/97	-01067005				
	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florid "Certificate of Existence", and check are submitted to register the above referenced foreign corporate	tion to				
	transact business in Florida.	W97-28441				
	Please return all correspondence concerning this matter to the following:					
	Roger Wagoner					
	(Name of Person)					
	BMAR & Associates, Inc.					
	(Firm/Company)					
	P.O. Box 688	-				
	(Address)					
	Hopkinsville, KY 42241-0688	98 DE.				
	(City/State/Zip)					
	Should you need to call someone concerning this matter, please call:	FILED STORY OF S				
	Roger Wagonerat (502) 885-4642	<u>e</u>				
	(Name of Person) (Area Code & Daytime Telephone Number)	- 3				
		mh				
	COURIER ADDRESS: MAILING ADDRESS:	2/3				

COURIER ADDRESS:

To:

Qualification/Tax Lien Section

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

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 22, 1997

ROGER WAGONER BMAR & ASSOCIATES, INC. PO BOX 688 HOPKINSVILLE, KY 42241-0688

SUBJECT: BMAR & ASSOCIATES, INC.

Ref. Number: W97000028441

We have received your document for BMAR & ASSOCIATES, 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 897A00060014

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.	BMAR & Associates, Inc.									
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORA words or abbreviations of like import in language as will clearly indicate that it is a corporat of a natural person or partnership if not so contained in the name at present.)									
2.	Kentucky 3. 61-1198480	480								
	(State or country under the law of which it is incorporated) (FEI number, if									
4.	4/18/91 5. Perpetual		<u>.</u>							
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetua	al")	ıl")							
6. Upon Qualification										
	(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.150	6, F.S	.))							
7.	BMAR & Associates, Inc.									
	P.O. Box 688, Hopkinsville, Kentucky 42241-0688	98	S S S							
	(Current mailing address)									
8.			SFAT							
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state Florida)									
9. Name and street address of Florida registered agent:										
	Name: <u>C T CORPORATION SYSTEM</u>		υ,							
	Office Address: c/o C T Corporation System, 1200 South Pine Island Re	<u>pad</u>								
	Plantation , Florida, 33324 (Zip Code)									
4.0	Barbara da aranta aranta aran									

10. Registered agent 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.

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

Susan J. Metze

Assistant Secretary

(Type Name and Title of Officer)

- 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:

A. DIRECTORS

		Chairman:	Terry W. Hamby		
	•	Address: _	315 W. Ninth Street, Hopkinsville, KY 4224	<u>L</u>	
		Vice Chair	man: Judith K. Hamby		-
		Address: _	315 W. Ninth Street, Hopkinsville, KY 42241	-	
		Director: _	Jack Thomason		_
		Address: _	1001 Mill Run Court, Hopkinsville, KY 42240	<u></u>	90
		Discostor.		98 FEB	SECRE
		Director:		ယ်	
		Address: _		3	7
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В.	OFFICERS	- :		Ŧ	SHO
		President:	Terry W. Hamby		
		Address: _	315 W. Ninth Street, Hopkinsville, KY 42241		
		Vice Presid	dent:Judith K. Hamby		-
		Address: _	315 W. Ninth Street, Hopkinsville, KY 42241		
		Secretary:	Judith K. Hamby		, . -
			315 W. Ninth Street, Hopkinsville, KY 42241		

Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officer and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Judith K. Hamby, Vice President/Secretary
. (Typed or printed name and capacity of person signing application)

98 FEB -3 AM 8: 14

IN THE NAME AND BY THE AUTHORITY OF THE



OFFICE OF THE SECRETARY OF STATE

DOMESTIC CORPORATION CERTIFICATE OF EXISTENCE

	I, JOH	IN Y. BR	OWN I	II, Sec	retary c	of State	of the	e Com	monv	vealth	of Ker	ntucky,	dode	rebyca
certify	that	accordii	ng to	the	record	ls in	the	Office	of	the	Secre	etary	of Cas	tate 울
				BMAR	& ASS	CLATE	s, I	NC.					ျ <u>ို</u>	FA.
is a co	rporati	on duly c	rganiz	ed and	d existir	ng unde	er the	laws o	f the	Comr	nonwe	alth of	Kent	ick 🖁 🖴
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Frankfo	ort, Ke	ntucky, tł	nis	29TH		day	of	AUGU	ST			, 19	9 <u>97</u>	<u></u> .
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Secretary of State

Commonwealth of Kentucky