# F990000002147

	on/Tax Lien Section  Corporations	
SUBJECT:	B. WATKINS OFFICE + FINANCIAL	SERVICES INC
	(Name of corporation - must include suffix)	
Dear Sir or Madam	:	
The enclosed "App "Certificate of Exis transact business in	lication by Foreign Corporation for Authorization to Transact B tence", and check are submitted to register the above referenced Florida.	Business in Florida", I foreign corporation to
Please return all co	rrespondence concerning this matter to the following:	
7	PARRADA WATUM	99 TAL
<del>- !:</del>	SARBARA WATKINS (Name of Person)	99 APR
$\sigma$		R 2
	WATKING OFF SERVICES INC	
/	(Firm/Company)	26 PN 3: 49 ASSEE FLORID
	. O. Box 27/2	ΓΩΩ 3: <b>1</b>
	. O. Bo4 27/2 (Address)	
_	AKELANO FL 33806	
	(City/State/Zip)	
	call someone concerning this matter, please call:	002797430- -03/08/9901089( ******70.00 ******
BARBARA	WATICINS at (941) 686-6931  Person) (Area Code & Daytime Telephon	w99.
(Name of	Person) (Area Code & Daytime Telephon	e Number)
STREET ADDRE	SS: MAILING ADDRESS:	ction AJ4/27/
Qualification/Tax L	ien Section Qualification/Tax Lien Se	ection $\mathcal{J} \mathcal{J} \mathcal{J} \mathcal{J} \mathcal{J} \mathcal{J} \mathcal{J} \mathcal{J} $
Division of Corpora		×1
409 E. Gaines St. Tallahassee, FL 32	P.O. Box 6327 Tollohossaa El 22214	
runanassee, FL 32	Tallahassee, FL 32314	

Certified Copy



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 12, 1999

BARBARA WATKINS P.O. BOX 2712 LAKELAND, FL 33806

SUBJECT: B. WATKINS OFFICE & FINANCIAL SERVICES, INC.

Ref. Number: W9900006030



We have received your document for B. WATKINS OFFICE & FINANCIAL SERVICES, 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 designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 899A00011909



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 24, 1999

BARBARA WATKINS P.O. BOX 2712 LAKELAND, FL 33806

SUBJECT: B. WATKINS OFFICE & FINANCIAL SERVICES, INC.

Ref. Number: W9900006030



We have received your document(s) in this office, however, a copy of the document is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

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

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 399A00014766

### 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. WATKINS OFFICE + FINANCIAL SERVICES, 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. PELAWARE
(State or country under the law of which it is incorporated)

4. Doly 1 1998
(Date of incorporation)

3. 59-35/7/47
(FEI number, if applicable)

PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual") 7. P.O. BOX 2712

LAKELAND FL 33806

(Current mailing address) 8. OFFICE SERVICES BOOKKEEPING TAX PREP.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent.

Name: BARBARA F. WATKINS

Office Address: 1818 ROANOKE AVE

LAKELAND , Florida, 33803

(Zip code) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 10. 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. Barbara F. Celatheris

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.

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rman:	
CERS (Street address only - P.O. Box NOT acceptable)	
BARBARA WATKINS	99 TAI
DAR STREET CONTINUES	9 APR
1818 ROANDIKE AUE	AHE PR 7
LAKE CAND FL 33803	
	면도 구 <b>!!!</b>
dent:	<u> </u>
	3: 4 9 51/47E 51/47E
	<i>&gt;</i>
If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.
Signature of Chairman, Vice Chairman, or any officer listed in	

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

## State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY \*B. WATKINS OFFICE & FINANCIAL SERVICES INC. " IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SOLFAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, TA.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE BEEN PAID TO DATE.

99 APR 26 PM 3: 49
SECUL ASSELL FLORIDA
TALLAMASSEL FLORIDA



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9675746

991136852

2907142

8300

DATE:

04-08-99