

F9900004234
ESQUIRE CORPORATE NETWORKS INC.
 4 State Street Ste. 1510 Golden Isles Drive Ste. 1204
 Albany, New York 12207 Hallandale, Florida 33009
 N.Y. (800) 434-0943 Nationwide (800) 588-2680
 FAX (518) 434-0943 TEL (518) 434-2877

Serving Law & Tax Professionals
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NATIONWIDE

Florida Department of State
 409 East Gaines Street
 Tallahassee, Florida 32301
 Att: CORPORATIONS DIVISION

July 23, 1999

RE: BETH FRANCES, INC.

500002941705--7
 -07/26/99-01140-002
 *****70.00 *****70.00

Dear Sirs/Madams,

Enclosed please find an ORIGINAL and COPY of the APPLICATION FOR AUTHORITY for the above referenced corporation. Please FILE, using the attached check in full payment for services requested, and return to the above using the enclosed FEDERAL EXPRESS envelope.

Thank you for your cooperation in this matter.

Very truly yours,
Jodie Skibinsky
 Jodie Skibinsky

FILED
 JUL 26 AM 8:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

F99-4234

name	<i>CR 847</i>
availability	
document	<i>CR</i>
signature	<i>CR</i>
date	<i>CR</i>
date	<i>CR</i>
refyer	<i>CR</i>
acknowledgment	<i>CR</i>
P. Varkey	<i>CR</i>



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 2, 1999

JODIE SKIBINSKY
ESQUIRE CORPORATE NETWORKS, INC.
41 STATE STREET, SUITE 515
ALBANY, NY 12207

SUBJECT: BETH FRANCIS, INC.
Ref. Number: W99000017807

Tammi
Please file as of
7/26/99

We have received your document for BETH FRANCIS, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 299A00039066

FILED
29 JUL 26 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: BETH FRANCES, INC.
(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", 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:

JODIE SKIBINSKY

(Name of Person)

ESQUIRE CORPORATE NETWORKS

(Firm/Company)

41 STATE STREET, STE. 515

(Address)

ALBANY, NEW YORK 12207

(City/State/Zip)

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

JODIE SKIBINSKY

(Name of Person)

at (518) 434-2877

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

☒ \$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

FILED
JUL 26 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

**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. BETH FRANCES, 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. DELAWARE 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 09, 1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2692 ENTERPRISE ROAD, EAST, APT. 1601
CLEARWATER, FL 33759
(Current mailing address)
8. BUSINESS CONSULTING
(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: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: BETH COX
- Office Address: 2692 ENTERPRISE ROAD, EAST, APT. 1601
CLEARWATER, Florida, 33759
(Zip code)

FILED
93 JUL 26 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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.

Beth Cox
(Registered agent's signature)

BETH COX, AGENT

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: BETH COX

Address: 2692 ENTERPRISE ROAD, EAST, APT. 1601
CLEARWATER, FL 33759

Vice Chairman: SAME AS ABOVE

Address:

Director: SAME AS ABOVE

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SAME AS ABOVE

Address: SAME AS ABOVE

Vice President: SAME AS ABOVE

Address:

Secretary: SAME AS ABOVE

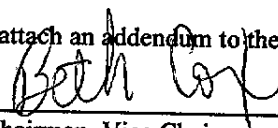
Address:

Treasurer: SAME AS ABOVE

Address:

FILED
09 JUL 26 AM 8:30
SECRETARY OF STATE
WASHINGTON, DC 20540

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BETH COX, CHAIRMAN
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

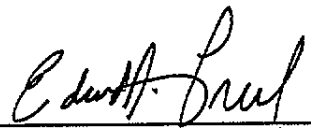
PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETH FRANCES, 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 TENTH DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETH FRANCES, INC." WAS INCORPORATED ON THE NINTH DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.





Edward J. Freel, Secretary of State

3054174 8300

991234398

AUTHENTICATION: 9797677

DATE: 06-10-99