# F99000005924

#### TRANSMITTAL LETTER

_	ation Section n of Corporations					
	-	Anni				
SUBJECT:	BEDFORD	CAPITA	on - must include suffix)		. 1	
	(Na	me of corporati	on - must include suffix)			
Dear Sir or Mad	lam:					
	Existence", and check a		Authorization to Transact register the above reference			
Please return all	correspondence concer	ming this matte	r to the following:			
JAMES SAMBATARO			ARO	w99-25181		
			f Person)			
	REDFORD	CAPITA	L tale		=	
				000304395	53	
	4204	D 1		-11/15/9901076 *****78.75 ****		
	1207	DUSTIN (Add	RD (ress)			
					== =	
	DURTONS	VILLE	MD 20866			
		(City/St	ate/Zip)			
Should you need	i to call someone conce	rning this matte	er, please call:	99 NO SECRE	·	
JAMES 5	AMBATARO	at / 301	384-9251	TAR IASS		
(Name	of Person)	_ at (	) 384-9251 a Code & Daytime Telepho	ne Number ⊋		
		·	•	FEST PE		
				A I	÷-:	
STREET ADD	RESS:		MAILING ADDRESS:	A C	:	
Registration Sec	tion		Registration Section	47th		
Division of Corp			Division of Corporations			
409 E. Gaines St	t.		P.O. Box 6327	11/16		
Tallahassee, FL	32399		Tallahassee, FL 32314			
Enclosed is a che	eck for the following ar	mount:				
□ \$70.00 Filing	Fee 💆 \$78.75 Fili Certificate		\$78.75 Filing Fee & Certified Copy	J \$87.50 Filing Fee, Certificate of Status & Certified Copy	દ	



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

November 2, 1999

JAMES SAMBATARO BEDFORD CAPITAL INC 4204 DUSTIN RD. BURTONSVILLE, MD 20866

SUBJECT: BEDFORD CAPITAL, INC.

Ref. Number: W99000025181

99 NOV 16 PM 11: 18
SECRETARY OF STATE
TALLAHASSEF FLORIDA

We have received your document for BEDFORD CAPITAL, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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: 399A00052417

#### 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. BEDFORD CAPITAL, 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. MARYLAND 3. 52-2152309 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2-/1-99 5. PERPETUAL  (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 800 WEST AVENUE #531 MIAMI BEACH, FL 33139 (Principal office address)
(Principal office address)
b. 4204 Dustin RD BURTONSVILLE MD 20866 EM E TO (Current mailing address)
(Current mailing address)
SSE F L
B. PORTFOLIO MANAGEMENT
(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: NICHOLAS A. LIZZIO
Office Address: 800 WEST AVE. #531
MIAMI BEACH , Florida 33139
(Zip code)
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
n 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.
- Muson Jugar
(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	d business addresses of officers and/or directors:			
A. DIRECTO	DRS			-
Chairman:	NICHOLAS A. LIZZIO			<del>-</del>
Address:	800 WEST AVE. #531			-
	MIAMI BEACH, FL 33139			
Vice Chairman	a;			
Address:				
Director:	TINA M. LIZZIO			75
	800 WEST AVE. #531			
	MIAMI BEACH, FL 33139		99 SE(	
	JAMES J. SAMBATARO		NOV RETLAHA	
	4204 DUSTIN RD.		S	
	BURTONSVILLE, MD 20866	· -	6 PM III: 18 Y OF STATE SEE, FLORIDA	5
B. OFFICE				
President:	NICHOLAS A. LIZZIO		 ∞	<u>.</u>
Address:	800 WEST AVE. #531			
	MIAMI BEACH FL 33139	-		· · · · · · · · · · · · · · · · · · ·
Vice President:	: TINA M. LIZZIO			<u> </u>
Address:	800 WEST AVE. #531		<u> </u>	<u> </u>
	MIAMI BEACH, FL 33139	=		
Secretary:	BUNNIE LIZZIO			<u> </u>
Address:	5 SHERWOOD LANE			to
	BEDFORD HILLS NY 10507			
	BONNIE LIZZIO			
Address:				
		The second secon		
NOTE: If nec	cessary, you may attach an addendum to the application listing add	ditional officers and	or directors.	
13	(Signature of Chairman, Vice Chairman, or any officer listed in	number 12 of the a	pplication)	

NICHOLAS A. LIZZIO, CHAIRMAN & PRESIDENT
(Typed or printed name and capacity of person signing application)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO CORPORATIONS CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCORDING TO THE RECORDS OF THIS DEPARTMENT BEDFORE CAPITAL, INC. FILED ITS ARTICLES OF INCORPORATION, WHICH HAVING BEEN RECEIVED AND APPROVED FOR RECORD BY THIS DEPARTMENT ON FEBRUARY 11, 1999.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND BALTIMORE ON THIS OCTOBER 25, 1999.

Paul B. Anderson Charter Division

9 NOV 16 PH II:

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000409219
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097