

Charter Number Only

5/16/95

P45200039829

95 MAY 19 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Broward

Requestor's Name

Address

City

State

ZIP

Phone

SECTION ONLY

800001491448

-05/17/95--01088--017

***122.50 ***122.50

CORPORATION(S) NAME

BECA INC

RECEIVED
95 MAY 17 AM 10:45
DIVISION OF CORPORATIONS

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

cc678
cc502
cc671
5/17/95
TD

095A-2534



EMPIRE Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 17, 1995

EMPIRE

TALLAHASSEE, FL

SUBJECT: BECA INC.
Ref. Number: W95000010455

95 MAY 19 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BECA INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 595A00025341

**ARTICLES OF INCORPORATION
OF**

B E C A OF BROWARD COUNTY INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

B E C A OF BROWARD COUNTY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**7305 W SAMPLE RD #208
CORAL SPRINGS, FL 33065**

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

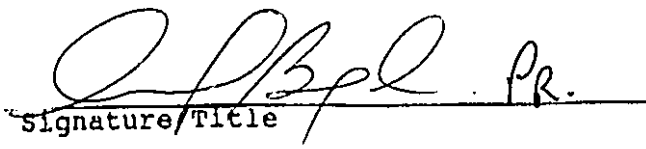
**MIGUEL BAGLIERI
7305 W SAMPLE RD #208
CORAL SPRINGS, FL 33065**

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

**Miguel Baglieri
7305 W SAMPLE RD #208
CORAL SPRINGS, FL 33065**

The undersigned has (have) executed these Articles of Incorporation this 8TH day MAY, 1995.


Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

B.E.C.A. OF BROWARD COUNTY INC.

2. The name and address of the registered agent and office is:

MIGUEL BAGLIERI

7305 W SAMPLE RD #208

CORAL SPRINGS, FL 33065

SIGNATURE M. Baglieri
(corporate officer)

TITLE PR

DATE 5/11/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE M. Baglieri

DATE 5/11/95

REGISTERED AGENT FILING FEE: \$35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 21 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000039829**

1 Corporation Name

BECA OF BROWARD COUNTY INC.

Principal Place of Business

7305 W. SAMPLE ROAD STE 208
CORAL SPRINGS FL 33065

Mailing Address

7305 W. SAMPLE ROAD STE 208
CORAL SPRINGS FL 33065



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, if Applicable

3 New Mailing Office Address, if Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

05/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5 FEI Number

☒ Applied For

☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles

2 Name of Officers
and/or Directors

3 Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

4 City / State / Zip

PR
DIR

MIGUEL BAGLIERI

7305 W. SAMPLE ROAD STE 208
CORAL SPRINGS FL 33065

900001984689--9
-10/24/96--01011--023
*****8.75 *****8.75

900001984689--9
-10/24/96--01011--024
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

BAGLIERI, MIGUEL
7305 W. SAMPLE ROAD STE 208
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Miguel Baglieri MIGUEL BAGLIERI

REGISTERED AGENT MUST SIGN

Date

10/17/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Miguel Baglieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIGUEL BAGLIERI

10/17/96
Date

954-566-8533
Daytime Phone #