

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000958873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

date of submission

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

: (850)222-1092 : (850)878-5368

RECEIVED APR 1 2 2012

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION BPA EXPORT DISC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/04

4/11/2012 TS:01 ZT0Z/ZT/00 8626336892

CT CORPORATION



April 12, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BPA EXPORT DISC, INC.

REF: W12000020484

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please verify the that the principal address and the officer/director address are correct.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H12000095887 Letter Number: 112A00011630

\*RE-SUBMIT\*
Places relain original filing
date of submission \_\_\_\_\_\_\_

P.O BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: BPA Export DISC, Inc.		
Enclosed are an original and one (1) copy of the artic	TE NAME - MUST INCLUDING THE NAME - MUST INCLUDING THE NAME - MUST INCLUDING THE NAME OF T	
\$70.00 Filing Fee & Certificate of Status	& Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status REQUIRED
FROM: Elizabeth A. Chapman Name 401 S. Tryon Street, Suite	(Printed or typed)	
Charlotte, NC 28202	ddress State & Zip	
704-335-9855 Daytime Te	lephone number	
libbychapman@parkerpod E-mail address: (to be used	e.com for future annual report notifi	cation)
	••	.*

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE IV SHARES The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ronald E. Howard, Dir/Pres/Treas Address: 133 River Park Road, Suite 202 Address: Mooresville, NC 28117  Name and Title: Kelly C. Howard, Dir/VP/Secy Address: 133 River Park Road, Suite 202 Address: Mooresville, NC 28117  Name and Title: Mooresville, NC 28117  Name and Title: No Registered Address: 1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Elizabeth A. Chapman Address: 401.S. Tryon Street, Suite 3000 Chardotte, NC 28202  Having been named as registered agent to accept service of process for the aboth is certificate, I am familiar with and accept the appointment as registered agent	12 AP
The purpose for which the corporation is arganized is:  N/A  ARTICLE IV SHARES The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ronald E. Howard, Dir/Pres/Treas Name and Address:  133 River Park Road, Suite 202 Address:  Mooresville, NC 28117  Name and Title: Kelly C. Howard, Dir/VP/Secy Name and Address:  133 River Park Road, Suite 202 Address:  Mooresville, NC 28117  Name and Title: Name and Address:  Name and Title: Name and Address:  Address: Address: Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registere Name: CT Corporation System  Address: 1200 South Pina Island Road  Plantation, Fl 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name: Elizabeth A. Chapman  Address: 401.S. Tryon Street, Suite 3000  Charlotte, NC 28202  Having been named as registered agent to accept service of process for the about this certificate, I am familiar with and accept the appointment as registered agent	12 AP SECHI
ARTICLE IV SHARES The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ronald E. Howard, Dir/Pres/Treas Address: 133 River Park Road, Suite 202 Address: Mooresville, NC 28117  Name and Title: Kelly C. Howard, Dir/VP/Secy Address: 133 River Park Road, Suite 202 Mooresville, NC 28117  Name and Title: Name and Address: 1200. South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Elizabeth A. Chapman Address: 401. S. Tryon Street, Suite 3000 Charlotte, NC 28202  Having been named as registered agent to accept service of process for the aboths certificate, I am familiar with and accept the appointment as registered agent	LAP TY
The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ronald E. Howard, Dir/Pres/Treas   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title: Kally C. Howard, Dir/VP/Secy   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title:   Name and Address:   Name and Address:   Address:	f., <u>L.</u> ,
The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ronald E. Howard, Dir/Pres/Treas   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title: Kelly C. Howard, Dir/VP/Secy   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title:   Name and Address:   Name and Address:   Address: Address:   Address:	
The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ronald E. Howard, Dir/Pres/Treas   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title: Kelly C. Howard, Dir/VP/Secy   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title:   Name and Address: Address: Address:   Name and Address:   Ad	<u> </u>
The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ronald E. Howard, Dir/Pres/Treas Address: 133 River Park Road, Suite 202 Address: Mooresville, NC 28117  Name and Title: Kelly C. Howard, Dir/VP/Secy Name and Address: 133 River Park Road, Suite 202 Address: Mooresville, NC 28117  Name and Title: Name and Address: Mooresville, NC 28117  Name and Title: Name and Address: 1200 South Pine Island Road Plantation, FI 33324  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Elizabeth A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Inving been named as registered agent to accept service of process for the abouts certificate, I am familiar with and accept the appointment as registered agent	
The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ronald E. Howard, Dir/Pres/Treas   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title: Kelly C. Howard, Dir/VP/Secy   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117  Name and Title:   Name and Address: Address: Address:   Name and Address:   Ad	I with the second secon
Name and Title: Ronald E. Howard. Dir/Pres/Treas   Name and Address: 133 River Park Road. Suite 202   Address: Mooresville, NC 28117   Name and Title: Kelly C. Howard, Dir/P/Secy   Name and Address: 133 River Park Road, Suite 202   Address: Mooresville, NC 28117   Name and Title:   Name and Address:   Name and Address:   Name and Address:   Address:	
Name and Title: Kally C. Howard, Dir/VP/Secy Address:  Name and Title: Kally C. Howard, Dir/VP/Secy Address:  Name and Title: Mooresville, NC 28117  Name and Title: Name and Address:  Name and Title: Name and Address:  Name and Address: Address:  Name and Title: Name and Address:  Name and Address: Address:  Name: CT Corporation System Address: 1200 South Pina Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Elizabath A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Iaving been named as registered agent to accept service of process for the about scertificate, I am familiar with and accept the appointment as registered agent	
Name and Title: Kally C. Howard, Dir/VP/Secy Address:  Name and Title: Kally C. Howard, Dir/VP/Secy Address:  Name and Title: Mooresville, NC 28117  Name and Title: Name and Address:  Name and Title: Name and Address:  Name and Address: Address:  Address: Address:  Address: 1200 South Pina Island Road Plantation, FL 33324  ARTICLE VI INCORPORATOR  The name and address of the Incorporator is: Name: Elizabath A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Idving been named as registered agent to accept service of process for the about scertificate, I am familiar with and accept the appointment as registered agent	
Name and Title: Kally C. Howard, Dir/VP/Secy Address:  Name and Title: Kally C. Howard, Dir/VP/Secy Address:  Name and Title: Mooresville, NC 28117  Name and Title: Name and Address:  Name and Title: Name and Address:  Name and Address: Address:  Address: Address:  Article vi Registered address (P.O. Box NOT acceptable) of the registere Name: CT Corporation System Address: 1200 South Pina Island Road Plantation, FL 33324  Article vii Incorporator is: Name: Elizabath A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Idaving been named as registered agent to accept service of process for the about the certificate, I am familiar with and accept the appointment as registered agent	l'itle: Om J
Name and Title: Kally C. Howard, Dir/VP/Sacy Address: 133 River Park Road, Suite 202 Mooresville, NC 28117  Name and Title: Name and Address: 1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Elizabath A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Having been named as registered agent to accept service of process for the aboths certificate, I am familiar with and accept the appointment as registered agent	
Name and Title:  Name and Address:  Address:  Address:  Address:  Address:  Address:  Name:  CT Corporation System  Address:  1200 South Pine Island Road  Plantation, FL 33324.  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Name:  Elizabeth A. Chapman  Address:  Address:  Address:  Address:  Address:  Name:  Address:  Add	
Name and Title:  Name and Title:  Address:  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Description of the registere name:  **CT Corporation System**  Address:  **1200 South Pine Island Road**  **Plantation, FL 33324**  **ARTICLE VII INCORPORATOR**  The name and address of the incorporator is:  Name:  **Plantation of the incorporator is:  Name:  **Address:*  **Address:*	
Name and Title:  Name and Title:  Address:  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Address:*  **Description of the registere name:  **CT Corporation System**  Address:  **1200 South Pine Island Road**  **Plantation, FL 33324**  **ARTICLE VII INCORPORATOR**  The name and address of the incorporator is:  Name:  **Plantation of the incorporator is:  Name:  **Address:*  **Address:*	Nitle:
Name and Title:  Address:  Name:  CT Corporation System  Address:  1200 South Pina Island Road  Plantation, FL 33324  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Elizabath A. Chapman  Address:  401-S. Tryon Street, Suite 3000  Charlotte, NC 28202  Iaving been named as registered agent to accept service of process for the about the certificate, I am familiar with and accept the appointment as registered agent	
Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registere Name: CT Corporation System Address: 1200 South Pina Island Road Plantation, Fl 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Name: Elizabeth A Chapman Address: 401 S. Tryon Street, Suite 3000 Charlotte, NC 28202  Iaving been named as registered agent to accept service of process for the about the certificate, I am familiar with and accept the appointment as registered agent	
Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registere Name: CT Corporation System Address: 1200 South Pine Island Road Plantation, Fl. 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Name: Elizabeth A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Having been named as registered agent to accept service of process for the about this certificate, I am familiar with and accept the appointment as registered agent	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registere Name: CT Corporation System Address: 1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Elizabeth A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Idving been named as registered agent to accept service of process for the about the certificate, I am familiar with and accept the appointment as registered agent	TITLE:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registere Name:  CT Corporation System Address:  1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name:  Name: Elizabeth A Chapman Address: 401-S Tryon Street, Suite 3000 Charlotte, NC 28202  Idaving been named as registered agent to accept service of process for the about scertificate, I am familiar with and accept the appointment as registered agent	
The name and Florida street address (P.O. Box NOT acceptable) of the registere Name:  OT Corporation System  Address:  1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Elizabeth A. Chapman  Address:  401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Having been named as registered agent to accept service of process for the about this certificate, I am familiar with and accept the appointment as registered agent	
The name and Florida street address (P.O. Box NOT acceptable) of the registere Name:  OT Corporation System  Address:  1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Elizabeth A. Chapman  Address:  401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Having been named as registered agent to accept service of process for the about this certificate, I am familiar with and accept the appointment as registered agent	
Address: 1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Elizabeth A. Chapman Address: 401-S. Tryon Street, Suite 3000 Charlotte, NC 28202  Iaving been named as registered agent to accept service of process for the about scertificate, I am familiar with and accept the appointment as registered agent	agent is:
Plantation, FL 33324  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name: Elizabeth A. Chapman  Address: 401-S. Tryon Street, Suite 3000  Charlotte, NC 28202  Idaying been named as registered agent to accept service of process for the about serificate, I am familiar with and accept the appointment as registered agent	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Elizabeth A. Chapman  Address: 40.1.S. Tryon Street, Suite 3000  Charlotte, NC 28202  Idaying been named as registered agent to accept service of process for the about serificate, I am familiar with and accept the appointment as registered agent	
The name and address of the Incorporator is:  Name: Elizabeth A. Chapman  Address: 40.1.S. Tryon Street, Suite 3000  Charlotte, NC 28202  Having been named as registered agent to accept service of process for the about certificate, I am familiar with and accept the appointment as registered agent	
Name: Elizabeth A. Chapman Address: 40.1.S. Tryon Street, Suite 3000 Charlotte, NC 28202  Idving been named as registered agent to accept service of process for the about certificate, I am familiar with and accept the appointment as registered agent	
Address: 401-S. Tryon Street, Suite 3000 Charlotté, NC 28202  Taving been named as registered agent to accept service of process for the about certificate, I am familiar with and accept the appointment as registered agent	
Charlotté, NC 28202  Taving been named as registered agent to accept service of process for the about this certificate, I am familiar with and accept the appointment as registered agent	
Having been named as registered agent to accept service of process for the abo his certificate, I am familiar with and accept the appointment as registered agent	
his certificate, I am familiar with and accept the appointment as registered agent	
•	stated corporation at the place designated in
Λ	na agree to act in this capacity
Paris R. A.	All vilas
Required Signature/Registered Agont Buy	4717117013
	Date
submit this document and affirm that the facts stated herein are true. I am a	
ocument to the Department of State constitutes a third degree felony as provided	Pare that the false information submitted in a
Phi Math Required Signification Required Signification	Pare that the false information submitted in a