Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JOHN M WICKER PA

Account Number : I20070000104

Phone (239) 939-2222 Fax Number (239) 939-2280

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Email Address	1		

DOMESTICATION INTERCOM SALES, INC.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: UsaNor Inc.			
	on - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standard referenced foreign corporation to transact businesses."	anding" and check are submitted to register the		
Please return all correspondence concerning this matt	er to the following:		
Daniel Joseph Hengy			
Name o	M Person SECRE IARY ALLAH ASSEE		
UsaNor Inc.	A.A.F.		
Firm/Co	empany AAA		
2510 Warren Ave.			
Ado	and Zip code		
Cheyenne, Wyoming 82001			
	and Zip code		
FRANS® CAW CA	for future annual report notification)		
For further information concerning this matter, please	•		
Daniel Joseph Hengy at (586	322-5691		
	a Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee & Certificate of Status	□ \$78.75 Filling Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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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.

UsaNor Norwa			I I I I I I I I I I I I I I I I I I I		
(If name unavail	able in Florida, enter atternate corporate na	ame	adopted for the purpose of transacting business in Plorida)		
Wyoming		3.	27-0320906		
State or country under the law of which it is incorporated)		_	(FEI number, if applicable)		
06/09/2009		5.	perpetual		
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
	(Date first transacted busine	ess i	n Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 60	7.1.	502, F.S., to determine penalty liability)		
0540141	- Oh Missening 55501				
2510 Warren A	ve., Cheyenne Wyoming 82001				
2510 Warren A	(Principal office		·		
2510 Warren A	(Principal office		·		
2510 Warren A	(Principal office		·		
2510 Warren A	(Principal office		ress) ESA, P.O. BOX 60205 (ress) FORT ATMS, FL 33906		
	(Principal office CO JOHN WAKE) (Current mailing		ESQ, P.O. BOX 60205 (ress) FORT ATLAS, FL 33906		
Real estate ac	(Principal office CO JOHN WIKE) (Current mailing quisition and management	add	ESQ, P.O. BOX 60205 (ress) FORT ATLAS, FL 33906		
Real estate ac	(Principal office CO JOHN WIKE) (Current mailing quisition and management	add	ESQ, P.O. BOX 60105 (ress) FORT ATLAS, FL 33906		
Real estate ac	(Principal office CO JOHN WIKE) (Current mailing quisition and management	add or co	ESQ, P.O. BOX 60105 (ress) FORT ATLAS, FL 33906		
Real estate ac (Purpose) Name and stree	(Principal office C JOHN WILL) (Current mailing quisition and management a) of corporation authorized in home state of the state of	add or co	puntry to be carried out in state of Florida) D. Box NOT acceptable) D. Box NOT acceptable)		
Real estate ac	(Principal office C JOHN WILL) (Current mailing quisition and management a) of corporation authorized in home state of the state of	add or co	puntry to be carried out in state of Florida) O. Box NOT acceptable) S.G.		
Real estate ac (Purpose) Name and stree Name:	(Principal office C JOHN WILL) (Current mailing quisition and management a) of corporation authorized in home state of the state of	add or co	puntry to be carried out in state of Florida) O. Box NOT acceptable) S.G. BOX 60205 ALLARY CARETARY CONTROL OF STATE		
Real estate ac (Purpose) Name and stree	(Principal office Ch JOHN WIKE) (Current mailing quisition and management a) of corporation authorized in home state of et address of Florida registered agent: JOHN M- WICKER, 12 (10 NEW GRITLAN)	add or co (P.C	puntry to be carried out in state of Florida) O. Box NOT acceptable) S.G.		
Real estate ac (Purpose) Name and stree Name:	(Principal office Ch JOHN WIKE) (Current mailing quisition and management a) of corporation authorized in home state of et address of Florida registered agent: JOHN M- WICKER, 12 (10 NEW GRITLAN)	add or co (P.C	puntry to be carried out in state of Florida) D. Box NOT acceptable) D. 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.

(Registered agent's signature)

11. Attached is a pertificate 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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12. Names and busi	ness addresses of offic	ers and/or directo	16268 3)))	
A. DIRECTORS				
Chairman:	DAVICE). HEN		
Address:	2510 U	UANNEN A	VE.	
 	CHEYEUVE	, W4	14 145. 82001	
Vice Chairman:				
Address:				
		•		
		. ,		
Director:				
Address:				201) SEd ALL
				ARE III "
o oritonio	'i	هده مدوست		A T
President:	DINIEL J	, 150N6 7		<u>m</u> -< ω j ⁻
Address:				
				D'AT
/ice President:				≱ 65
		114 . 614	· ·	
Secretary:	DAVICE J.	. HENOY		
Address:				
Preasurer:	DWIEL J.	HENBY		
Address:				
NOTE: If necessary	/, you may attach an a	ddendum to the ap	plication listing additional c	officers and/or directors.
13. <u>Dans</u>	l d. Hum	7		
	(Signature of Direct	of Officer listed	in number 12 of the application	ation)
14	(Typed or printed	name and capacity	of person signing applicati	on)

(((H100001162683)))

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

UsaNor Inc

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **June 9, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000570854**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of May, 2010 at 2:08 PM. This certificate is assigned 007643323.



Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.