## F17000001912

(Requestor's Name)						
(Address)						
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(Cit	cy/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

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February 17, 2017

CORPORATE ACCESS

SUBJECT: EUROAMERICAN INVESTMENT CORP

Ref. Number: W17000014119

We have received your document for EUROAMERICAN INVESTMENT CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 417A00003180

DEPARTMENT OF STATE

# CORPORATE ACCESS, \_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

PICK UP: 2/16 glinda  CERTIFIED COPY  PHOTOCOPY  CUS  FILING Articles  LUROAMERICAN INVESTMENT CORP. (CORPORATE NAME AND DOCUMENT #)  CORPORATE NAME AND DOCUMENT #)	
PHOTOCOPY  CUS  FILING Articles  LUROAMERICAN INVESTMENT CORP.  (CORPORATE NAME AND DOCUMENT #)  2.	
1. EUROAMERICAN INVESTMENT CORP. (CORPORATE NAME AND DOCUMENT #)  2.	
(CORPORATE NAME AND DOCUMENT #)  2.	
(COM ONVIE WIND DOCOMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
SPECIAL INSTRUCTIONS:	

#### **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJE	ECT:	Euroamerican Investment Corp.  Name of corporation - must include suffix					
30301							
Dear Si	г ог М	adam:					
"Certifi	cate of	Existence	on by Foreign Corporation ;" or "Certificate of Good S n corporation to transact bus	Standing" a	nd check are sub		
Please r	eturn a	all corresp	ondence concerning this ma	tter to the f	following:		
			Name	of Person			
	<del></del>		Firm/C	Сотрапу			
			Ad	idress			
			City/Star	te and Zip o	ode		
euroame	ericanir	vestment@	· <del>-</del>				
			E-mail address: (to be us	ed for futur	e annual report r	otification)	
For furt	her int	formation	concerning this matter, plea	se call:			
			at (	)	Daytime Telepi		
	Name	of Person	n Area (	Code	Daytime Telep	hone Number	
	Regist Divisi Clifto 2661	tration Sec on of Cor n Building	oorations Center Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Enclose	ed is a	check for	he following amount:				
<b>3</b> \$70.	.00 Fill	ing Fee	□ \$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## 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.

Euroamerican la	rvestment Corp.	· ·	
(Enter name of o	orporation; must include "INCORP orp," "Inc," "Co," or "Corp.")	ORATED," "COMPANY," "CORPORATION,"	
EuroAme	rican Partners Co	orp.	
(If name unavails	ble in Florida, enter alternate corpo	rate name adopted for the purpose of transacting be	usiness in Florida)
Delaware		2	
(State or countr	y under the law of which it is incorp	ocrated) (FEI number, if applic	able)
December 27, 19	084		
	of incorporation)	5. (Date of duration, if other than	n nemetical)
(Date	or meat paradon)	(Pate of distance, it build dist	i perpendit
5			
		business in Florida, if prior to registration) 1 & 607.1502, F.S., to determine penalty liability)	
2391 NE 29th Str	est, Lighthouse Point, Florida 3306		
•		(Principal office address)	
		(Francipal Silice against)	
-	/Cn	rrent mailing address, if different)	
	, (Cu	itent mening accress, is omercity	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
			≥ ≥ ≥
s. Name and stree	. •	gent: (P.O. Box NOT acceptable)	AFR 27 AFF TARY AFFASSE
Name:	NRAI Services, Inc.		SS SS
	1200 South Pine Island Road		
Office Address:			
	Plantation	, Florida 33324 (Zip code)	S 7 2
	(City)	(Zip code)	さい
. Registered age		ccept service of process for the above stated c	connection at the place
		e appointment as registered agent and agree	
		statutes relative to the proper and complete	
		igations of my position as registered agent.	
	)YRAI 5	Services, Inc.	
	//A N /// C	1- 01 1	040.00
Ву/	1/4 1) // V	Michael D. Registered agent's signature) A55	Inclibatos
	(1	Registered agent's signature) A55	+ Secry
0. Attached is a	ertificate of existence duly auth	nenticated, not more than 90 days prior to deliv	very 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.

FLOISH - 8/5/2015 Welster Klower Opline

### 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ Vice Chairman: \_\_\_\_\_ Address: \_ William B. Wachtel 2391 NE 29th Street, Lighthouse Point, Florida 33064 Address: Director: Address: B. OFFICERS William B. Wachtel President: 2391 NE 29th Street, Lighthouse Point, Florida 33064 Address: Vice President: Address:

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

Signature of Director of Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. William B. Wachtel

(Typed or printed name and capacity of person signing application)

Secretary: \_\_\_\_
Address: \_\_\_\_
Treasurer: \_\_\_

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EUROAMERICAN INVESTMENT CORP." 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 FIFTEENTH DAY OF FEBRUARY, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROAMERICAN INVESTMENT CORP." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 1984.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corn delaware gov/auth

Authentication: 202044503

Date: 02-15-17

2051501 8300 SR# 20170934952

You may verify this certificate online at corp.delaware.gov/authver.shtml