

F00000002925

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: NGOSIY INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STROUBE W LANDER II
(Name of Person)
NGOSIY INC
(Firm/Company)
9153 Gettysburg RD
(Address)
Boca Raton FL 33434
(City/State/Zip)

W-10829

Should you need to call someone concerning this matter, please call:

800003214188--1
-04/19/00-01021-022
*****70.00 *****70.00

STROUBE LANDER at (561) 852-1601
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
00 MAY 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W-10829

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 25, 2000

STROUBE W. LANDER II
N6051Y, INC.
9153 GETTYSBURG RD.
BOCA RATON, FL 33434

SUBJECT: N6051Y, INC.
Ref. Number: W00000010829

We have received your document for N6051Y, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The photocopy you submitted is from the first page of a certified copy. The certificate we require is issued by the same office of your Secretary of State, but it is not the same as a certified copy. Please contact your Secretary of State to obtain the certificate of existence (or good standing).

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 700A00022585

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TALLAHASSEE FLORIDA

ORGANIZATION SERVICES, INC.

TELECOPIER - 302/478-3667

103 SPRINGER BUILDING
3411 SILVERSIDE ROAD
WILMINGTON, DELAWARE 19810

MAIL P.O. BOX 7048
WILMINGTON, DELAWARE 19803
TELEPHONE: 302/478-6160

May 17, 2000

Mr. Straub W. Lander II
9153 Gettysburg Rd.
Boca Raton, FL 33434

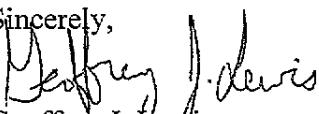
RE: N6051Y, Inc.

Dear Mr. Lander,

Per your request, enclosed please find one Certificate of Good Standing for the above referenced corporation dated May 16, 2000.

If we can be of any further assistance at this time, please let us know.

Sincerely,


Geoffrey J. Lewis
Client Administrator

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TALLAHASSEE FLORIDA

**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. NG051Y 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. Delaware 3. Applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Feb 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Has not conducted business yet
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9153 Gettysburg RD
Boca Raton FL 33434
(Current mailing address)
8. Collect Aircraft
(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: STROUBE W LANDER II
Office Address: 9153 Gettysburg RD
Boca Raton, Florida, 33434
(Zip code)

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TALLAHASSEE FLORIDA

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.

Stroube W Lander II
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: STIOUBE W LANDER II

Address: 9153 Gettysburg RD
Boca Raton FL 33434

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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

13. Stioube W Lander II
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "N6051Y, INC." 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 SIXTEENTH DAY OF MAY, A.D. 2000.

FILED
00 MAY 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA



3185827 8300

001249410

Edward J. Freel
Edward J. Freel, Secretary of State

0441553

AUTHENTICATION:

05-16-00

DATE: