

FO200000/594

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORCOM AGENCY SERVICES, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam: ..

000005169520--3
-03/26/02--01055--001
*****70.00 *****70.00

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:

SHEREE WEST

(Name of Person)

NOWALSKY, BRONSTON & GOTHARD

(Firm/Company)

3500 NORTH CAUSEWAY BLVD. SUITE 1442

(Address)

METAIRIE, LOUISIANA 70002

(City/State and Zip code)

FILED
02 MAR 26 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SHEREE WEST

(Name of Person)

at (504) 832-1984

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

Name	
Availability	
Document Examiner	LE
Updater	
Updater Verifier	
Acknowledgement	
W. P. verifier	

FO2-1594

**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. NORCOM AGENCY SERVICES, 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
(State or country under the law of which it is incorporated)
3. APPLIED FOR
(FEI number, if applicable)
4. 12/26/01
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 40 SE 5TH STREET, SUITE 500, BOCA RATON, FLORIDA 33432
(Principal office address)
40 SE 5TH STREET, SUITE 500, BOCA RATON, FLORIDA 33432
(Current mailing address)
8. THE SALE OF TELECOMMUNICATIONS SERVICES AND PRODUCTS
(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: NRAI Services, Inc.
Office Address: 526 E. Park Avenue ✓
Tallahassee, Florida 32301
(City) (Zip code)

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02 MAR 26 AM 9:43
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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.

NRAI Services, Inc.

By: _____

(Registered agent's signature)

SEE ATTACHED

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ERIC MOSTROM

Address: 40 SE 5TH STREET, SUITE 500

BOCA RATON, FLORIDA 33432

Director: JONATHAN MOSTROM

Address: 40 SE 5TH STREET, SUITE 500

BOCA RATON, FLORIDA 33432

B. OFFICERS

President: ERIC MOSTROM

Address: 40 SE 5TH STREET, SUITE 500

BOCA RATON, FLORIDA 33432

Vice President: _____

Address: _____

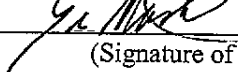
Secretary: JONATHAN MOSTROM

Address: 40 SE 5TH STREET, SUITE 500, BOCA RATON, FLORIDA 33432

Treasurer: JONATHAN MOSTROM

Address: 40 SE 5TH STREET, SUITE 500, BOCA RATON, FLORIDA 33432

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

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

14. ERIC MOSTROM, PRESIDENT
(Typed or printed name and capacity of person signing application)

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02 MAR 26 AM 9:43
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TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

NRAI Services, Inc. having been named as registered agent and to accept service of process for the aforementioned corporation at the place designated in this application, hereby accepts the appointment as registered agent and agrees to act in this capacity. NRAI Services, Inc. further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and NRAI Services, Inc. is familiar with and accepts the obligations of its position as registered agent.

Dated: 3/25/02

NRAI Services, Inc.

Charles A. Coyle
Charles A. Coyle - Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 26 AM 9:43

FILED

Florida

Delaware

PAGE 1

The First State

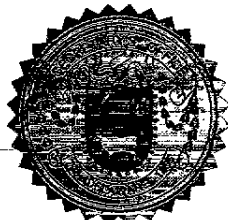
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORCOM AGENCY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORCOM AGENCY SERVICES, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2001.

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

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

FILED
02 MAR 26 PM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 1683556

DATE: 03-22-02