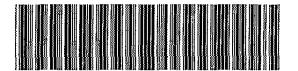
# F03000000893

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
non Joan - add
CORNOTATION to
William,
per Joan-add corporation to adopted name 2-21-03

Office Use Only



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W03-364

SECRETARY OF STATE ALL AHASSEE, FLORIDA

P2-U-03



# FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 7, 2003

JOAN WARD NEW ERA TECHNOLOGIES CORPORATION P.O. BOX 158 WILDWOOD, FL 34785

SUBJECT: NEW ERA TECHNOLGIES CORPORATION

Ref. Number: W03000003641

We have received your document for NEW ERA TECHNOLGIES CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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 calt (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 003A00008461

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NEW ERA TECHNOLOGY, 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.	į	
Please return all correspondence concerning this matter to the following:		
JOAN WARD		
(Name of Person)		
NEW ERA TECHNOLOGY INC.	_	
(Firm/Company)		
Po Box 158	<u> </u>	, ··
(Address)		
WILDWOOD, FL 34785		
(City/State and Zip code)	_	
	)3 F	
For further information concerning this matter, please call:	)3 FEP 2	
John WARD # (352) 748-7828		IL EU
(Name of Person) (Area Code & Daytime Telephone Number)	P	
	PH 2: 37	
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	us &	

#### 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.

Eu Hampshare	3. <u>62-0395152</u>
ate or country under the law of which it is incorpo	orated) (FEI number, if applicable)
1-7-86	5. Peace (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
UPON QUALTETCATTON	
te first transacted business in Florida. If corporat	tion has not transacted business in Florida, insert "upon qualification.")
(SEE SECTION	IS 607.1501, 607.1502 and 817.155, F.S.)
7102 CR 139 Last	LOWDOD FL 34785
(Principal	l office address)
an o	_
Le laek lak m	orional el 31182
(Current r	mailing address)
(Current r	mailing address)
(Current r	
PROFET - WHOLESALE	SACES  a state or country to be carried out in state of Florida)  int
(Purpose(s) of corporation authorized in home	e state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home	e state or country to be carried out in state of Florida)  ed agent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home	e state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home and street address of Florida registered Name:	e state or country to be carried out in state of Florida)  ed agent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home and street address of Florida registered Name:	e state or country to be carried out in state of Florida)  ed agent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home	e state or country to be carried out in state of Florida)  ed agent: (P.O. Box or Mail Drop Box NOT acceptable)

(Registered agent's signature

duties, and I am familiar with and accept the obligations of my position as registered agent.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

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.

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned JOAN H WARV , do hereby certify (Name)
that this Resolution of the Board of Directors of New Era Technology
CORPORATION (Corporate Name)
a corporation duly organized and existing under the laws of the State of New Hampstage
was duly adopted on January 7 .1988
Be it resolved, that New Ena Technology Conpanation Section (Corporate Name)
organized and existing in the State of <u>New Hampshipo</u> , hereby adopts the name is with the New ERATechnology - Snapmask Wolfer use in Florida.
Dated: 9/18/03
Signature of either Chairman, Vice Chairman or any officer  Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: John WARD Address: PoBox 158 WILDLAS PL JUTRS Vice Chairman: 50 - C Address. Director: SA-E Address: \_\_\_ Director: \_\_\_ **B. OFFICERS** President: 5000 WARD Address: Po 30x 158\_ WINDWOOD FL 34785 Vice President: Same S .-- ---Secretary: \_\_\_ Address: \_\_ Treasurer: Share Address: \_ NOTE: If pecessary, 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) PRES DIRECTOR

12900 - 100% anner

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

14.

## State of New Hampshire Department of State

#### CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NEW ERA TECHNOLOGY CORPORATION is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on January 7, 1986. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of January, A.D. 2003

> William M. Gardner Secretary of State

