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(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:





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OEF THE SEPONATIONS



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nascot Industries, 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:
(Name of Person) Nascot Industries, Inc (Firm/Company)
(Name of Person)
Nascot Industries Inc
(Firm/Company)
3888 North 3900 West
(Address)
Molad City, Tdaho 83252 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (208) 221-2748 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{1}\$ \$78.75 Filing Fee & \$\Boxed{1}\$ \$87.50 Filing Fee,
\$70.00 Filing Fee \$\Bigcup \$78.75 Filing Fee & \$\Bigcup \$78.75 Filing Fee & \$\Bigcup \$87.50 Filing Fee,\$ Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREI			N TO TRANSACT
	BUSINESS IN	FLORIDA	160 12 1
IN COMPLIANCE WITH SECTION 60 REGISTER A FOREIGN CORPORATION	07.1503, FLORIDA STA ON TO TRANSACT BU	TUTES, THE FOLLOWING IS SINESS IN THE STATE OF FL	SUBMITTED TOO
1. Vascot In. (Enter name of corporation; must include	dustries, =	Inc.	they of
(Enter name of corporation; must include "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp," "Inc," "Corp," or "Corp," "Inc," "Corp," or "Corp," "Inc," "Corp," or "Corp," "Inc," "Corp," or "Corp," o	le "INCORPORATED," ' Corp.")	"COMPANY," "CORPORATION	STATE OF THE PROPERTY OF THE P
(If name unavailable in Florida, enter all	•	•	-
2. Utah	3	87-057758	<u></u>
(State or country under the law of which	it is incorporated)	(FEI number, if appl	icable)
4. 12-31-97	5.	Perpetual	
(Date of incorporation)		Duration: Year corp. will cease to	exist or "perpetual")
6			
(Date fire		Florida, if prior to registration) 2, F.S., to determine penalty liabilit	v)
•			
1. 3888 North 3900	(Principal office addres	120 City, Lashe	03632
3888 North 3900	(Filliopal Office addres	·////	1 92107
3888 North 3900	West Me	alad City Ldas	60 0363E
	(Current manning accires	<i>(</i> 2)	
n 10 100	a Omera i ama al-		
(Purpose(s) of corporation author	ized in home state or coun	ntry to be carried out in state of Flor	rida)
9. Name and street address of Florida r	egistered agent: (P.O. I	Box NOT acceptable)	
Name: Combired	+ Agents, I	ac .	
Office Address: 2 103 N. 7/1	Peridian Street	t, lower level	·
	~~~	, Florida <u>32301</u>	
<u>/ 311272</u>	(City)	(Zip code)	
10 D 74			
<ol> <li>Registered agent's acceptance:</li> <li>Having been named as registered agendesignated in this application, I hereby</li> </ol>	nt and to accept service	of process for the above stated	corporation at the place
uesignatea in this application, I hereoy further agree to comply with the provis	sions of all statutes rela	itive to the proper and complete	e performance of my dutie
and I am familiar with and accept the	obligations of my posit	ion as registered agent.	
	~		
	CIB &	7554. Scenetary	
EdDiago		acel Connection	<del></del>
Ea &. Cary (Regist	ered agent's signature) 🥖	rsit. scenerary	

- 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 DIRECT	
Chairman:	SCOTT LARSEN
Address:	3888 N. 3900 W.
	Malad City, Id 83252
	,
	National Control of the Control of t
Address:	
Director:	The state of the s
Address:	
Address:	
B. OFFICEI	-
	SCOTT LAKSEN
	3888 N. 3900 W.
	Malad City Id 83252
Vice President:	
Address.	:
	( Table )
Address:	
Treasurer:	
Address: _	
Addiess	
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers and/or directors.
4	Seed V
15-7-6	Signature of Director or Officer listed in number 12 of the application)
14	SCOTT LARSEN / Pres/CEO
14	(Typed or printed name and capacity of person signing application)



## **Utah Department of Commerce** Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438 Web Site: http://www.commerce.utah.gov

NASCOT INDUSTRIES, INC. 3888 N 3900 W MALAD CITY ID 83252

October 4, 2004

## CERTIFICATE OF EXISTENCE

Registration Number: 1388117-0142

**Business Name:** 

NASCOT INDUSTRIES, INC.

Registered Date:

**DECEMBER 29, 1997** 

Entity Type:

CORPORATION - DOMESTIC

**Current Status:** 

GOOD STANDING

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.

Kathy Berg



Kathy Berg

Director

Division of Corporations and Commercial Code