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(Red	questor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate <u>s</u>	of Status
Special Instructions to I	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: NAMCO 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:
JAMES M. KEITGES (Name of Person)
(Name of Person)
NAMCO, INC. (Firm/Company)
(Firm/Company)
(Firm/Company) 5930 BERMUDA LANE (Address) NAPLES, FL 341/9 (City/State and Zip code)
(Address)
NAPLES. FL 34119
(City/State and Zip code)
For further information concerning this matter, please call:
JAMES M. KEİTGES at (239) 287-8687 (Name of Person) (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:
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	O, INC.			
	ration; must include "INCORPORATED ' "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
	• • • • • • • • • • • • • • • • • • •		<u> </u>	
(If name unavailable	in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)	
NEBR	<i>45KA</i> 3.			
(State or country unde	er the law of which it is incorporated)	(FEI number, if applicable)	(FEI number, if applicable)	
NOVEME	BER 02, 1993 5.	PERPET UAL (Duration: Year corp. will cease to exist or		
(Date of i	acorporation)	(Duration: Year corp. will cease to exist or	"perpetual")	
		in Florida, if prior to registration)		
Co. 2.0	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	11110	
5930	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability) WAPLES, FL 3	4//9	
· — · ·	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LAW (Principal office add	502, F.S., to determine penalty liability) WAPLES, FL 3	4119	
5930 SAME	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LAW (Principal office add	502, F.S., to determine penalty liability) Solution (Solution of the Solution	4//9	
	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LAW (Principal office add	502, F.S., to determine penalty liability) Solution (Solution of the Solution	:4//g	
SAME	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LANG (Principal office add) (Current mailing add)	502, F.S., to determine penalty liability) Solution (Solution of the Solution	74//9 05 A	
SAME	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LAW (Principal office add (Current mailing add CFACTURING	502, F.S., to determine penalty liability) Solution (Solution of the Solution	05 AFR	
SAME MANU (Purpose(s) of	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LANG (Principal office add (Current mailing add CFACTURING corporation authorized in home state or c	502, F.S., to determine penalty liability) WAPLES, FC 3 dress) dress) ountry to be carried out in state of Florida)	05 AF	
SAME MANU (Purpose(s) of	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LAW (Principal office add (Current mailing add CFACTURING corporation authorized in home state or codress of Florida registered agent: (P.6)	502, F.S., to determine penalty liability) Suppose the suppose of	05 AFR -6	
SAME MANU (Purpose(s) of	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LAW (Principal office add (Current mailing add CFACTURING corporation authorized in home state or codress of Florida registered agent: (P.6)	502, F.S., to determine penalty liability) Suppose the suppose of	05 AFR -6 PH	
MANU (Purpose(s) of Name and street ad Name:	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LANG (Principal office add (Current mailing add CFACTURING corporation authorized in home state or c	502, F.S., to determine penalty liability) Suppose the suppose of	05 AFR -6	
MANU (Purpose(s) of Name and street ad	(SEE SECTIONS 607.1501 & 607.1 BERMUDA LAW (Principal office add (Current mailing add CFACTURING corporation authorized in home state or codress of Florida registered agent: (P.6)	502, F.S., to determine penalty liability) WAPLES, FC 3 dress) dress) ountry to be carried out in state of Florida) O. Box NOT acceptable) ES LANE	05 AFR -6 PH	

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.

(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 business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Chairman: TAMES M. KEITGES Address: 5930 BERMUDA LANE
NAPLES, FL 34119
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
redicos.
B. OFFICERS
President: JAMES M. HE179ES
Address:O930 WERMUDA LANE
MAPLES, F1 34119
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
Audicess.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Director or Officer listed in number 12 of the application)
(Signature of Director or Officer listed in number 12 of the application)
14. JAMES M. KE179 ES PRESIDENT (Typed or printed name and capacity of person signing application)
(1) yeed of printed name and capacity of person signing apprication)

* STATE OF



NEBRASKA

United States of America, State of Nebraska

ss.

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

NAMCO, INC.

was duly incorporated under the laws of this state on November 2, 1993 and do further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on February 23, 2005.



SECRETARY OF STATE