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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEFCON, 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:

JF SQUILLANTE

(Name of Person)

NEFCON, INC.

(Firm/Company)

10035 VALIANT CT, #102

(Address)

MIROMAR LAKES, FL 33913

(City/State and Zip code)

For further information concerning this matter, please call:

JF SQUILLANTE

(Name of Person)

at (800) 652-1699

(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

**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. NEFCON, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. RHODE ISLAND

(State or country under the law of which it is incorporated)

3. 05-0508699

(FEI number, if applicable)

4. DECEMBER 10, 1999

(Date of incorporation)

5. ANNUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 1-1-04

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10035 VALIANT CT, #102, MIROMAR LAKES, FL 33913

(Principal office address)

10035 VALIANT CT, #102, MIROMAR LAKES, FL 33913

(Current mailing address)

8. PROVIDES CONSULTING SERVICES TO OWNER'S SUB S CORP ONLY, NO PUBLIC BUSINESS

(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 NOT acceptable)

Name: JF SQUILLANTE

Office Address: 10035 VALIANT CT, #102

MIROMAR LAKES

(City)

, Florida 33913

(Zip code)

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.


(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:

CS JUN -6 PM 6:53

A. DIRECTORS

Chairman: JF SQUILLANTE

Address: 10035 VALIANT CT, #102
MIROMAR LAKES, FL 33913

Vice Chairman: _____

Address: _____

Director: GAIL A. SQUILLANTE

Address: 10035 VALIANT CT, #102
MIROMAR LAKES, FL 33913

Director: _____

Address: _____

B. OFFICERS

President: JF SQUILLANTE

Address: 10035 VALIANT CT, #102
MIROMAR LAKES, FL 33913

Vice President: GAIL A. SQUILLANTE

Address: 10035 VALIANT CT, #102
MIROMAR LAKES, FL 33913

Secretary: JF SQUILLANTE

Address: _____

Treasurer: JF SQUILLANTE

Address: _____

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)

14. JF SQUILLANTE, PRESIDENT

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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown
Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

NEFCON, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on the 10th day of December 1999; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

SIGNED AND SEALED this 26th
day of May, 2005.

Matthew Brown

Secretary of State

BY *Lynne Culler*

