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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Consideration to File Off | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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2006 MAY 30 PH 4: 34
SECRETARY OF STATE
ALLAHASSEF FLORINA

Township 3 Lilling

COVER LETTER

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| TO: New Filing Section Division of Corporations | | | | | |
| SUBJECT: NRM Services, 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: | | | | | |
| Amy R. Jonker | | | | | |
| (Name of Person) | | | | | |
| Messer & Stilp, Ltd. | | | | | |
| (Firm/Company) | | | | | |
| 166 W Washington, Suite 300 | | | | | |
| (Address) | | | | | |
| Chicago, IL 60602 | | | | | |
| (City/State and Zip code) | | | | | |
| | | | | | |
| For further information concerning this matter, please call: | | | | | |
| | | | | | |
| Amy R. Jonker at (312) 334-3444 | | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | | |
| | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | |
| New Filing Section New Filing Section | | | | | |
| Division of Corporations Division of Corporations | | | | | |
| Clifton Building P.O. Box 6327 | | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32314 | | | | | |
| Tallahassee, FL 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$70.00 Filing Fee \$\ \tag{Filing Fee & S78.75 Filing Fee & Certificate of Status} \tag{S78.75 Filing Fee & Certificate of Status & Certified Copy} \tag{Certified Copy} \tag{Certified Copy} \tag{Certified Copy} | | | | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE | WITH SECTION 607.1503, FLORIDA | STATUTES, THE FOLLOWING IS SUBMITT | ED TO | |
|------------------------|--------------------------------------------|----------------------------------------------------|-------------|-------------------|
| _ | | T BUSINESS IN THE STATE OF FLORIDA. | AF(| 2006 |
| 1. NRM Ser | | | <u> 58</u> | = |
| | rporation; must include "INCORPORATE | D," "COMPANY," "CORPORATION," | | |
| "lnc.," "Co.," "Co | rp," "Inc," "Co," or "Corp.") | | 3SE | 38 |
| | | | | |
| | | | 1 0 1 | - |
| (If name unavailal | | ne adopted for the purpose of transacting business | in:Florida) | ቴ' ω |
| _{2.} Delaware | <u> </u> | 3. 20-4426108 | → ' ' · · | - L |
| (State or country u | nder the law of which it is incorporated) | (FEI number, if applicable) | | |
| 4. 2/27/06 | | _{5.} perpetual | | _ |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist or "p | erpetual") | |
| 6. | | | | |
| · | | s in Florida, if prior to registration) | | • |
| 4000 11" | - | .1502, F.S., to determine penalty liability) | | |
| _{7.} 4320 Win | field Rd, Suite 200, Wa | | | - |
| | (Principal office as | · | | |
| 4320 Win | field Rd, Suite 200, Wa | arrenville, IL 60555 | | _ |
| | (Current mailing a | ddress) | | |
| al a la 4 - a 11 a | 4 | | : | iono |
| | | editors via interstate comm | unical | 10115 |
| (Purpose(s) | of corporation authorized in nome state or | country to be carried out in state of Florida) | | |
| 9. Name and street | address of Florida registered agent: (P | P.O. Box NOT acceptable) | | |
| Name: | C T Corporation Syste | <u>em</u> | | |
| Office Address: | 1200 South Pine Islan | d Rd | | |
| | Plantation | , Florida 33324 | | |
| | (City) | (Zip code) | | |
| 10. Registered age | ant's secontance | | | |
| | | vice of process for the above stated corporati | ion at the | place |
| designated in this d | application, I hereby accept the appoin | tment as registered agent and agree to act in | this capa | city. I |
| | | relative to the proper and complete perform | ance of m | y duties, |
| and I am familiar | with and accept the obligations of my p | position as registered agent. | | |
| | ^ | 1 | | |
| | /) m | James M. Halpin Assistant Secretary | | |
| | (Registered agent's signatur | A) Assistant Secretary | | |
| | (registered agent a signatur | ~ , | | |

^{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: Benigno Lopez -Address: 3003 Summit Boulevard, Atlanta, GA 30319 Vice Chairman: Ricardo Gonzalez Address: 3003 Summit Boulevard, Atlanta, GA 30319 Director: Fernando H. Vega Address: Boulevard Diaz Ordaz KM 333, Plaza Leona Seccion IV Garza Garcia, N.L. 66210 Mexico **Director: Roberto Montelongo** Address: Boulevard Diaz Ordaz KM 333, Plaza Leona Seccion IV Garza Garcia, N.L. 66210 Mexico B. OFFICERS President: (& Director) Lawrence W. Smith Address: 4320 Winfield Rd, Suite 200, Warrenville, IL 60555 Vice President: Susan Smith Address: 4320 Winfield Rd, Suite 200, Warrenville, IL 60555 Secretary: (& Director) Ricardo Gonzalez -Address: 3003 Summit Boulevard, Atlanta, GA 30319 (& Director) Jorge Sapien -Boulevard Diaz Ordaz KM 333, Plaza Leona Seccion IV, Garza Garcia, N.L. 66210 Mexico NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Susan Smith, Vice President

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NRM 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-SIXTH DAY OF APRIL, A.D. 2006.

2006 MAY 30 PM 4: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Darriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4699697

DATE: 04-26-06

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