# 366000005697

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	



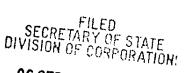
500079246035

09/01/06--01014--012 \*\*87.50

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
OR SEP -1 PH 1: 22

Office Use Only

B B 000 4: 454



06 SEP -1 PM 1: 22

### **COVER LETTER**

TO:	_	ration Son of Co	ection erporations				
SUBJ	ECT:	ANOIF	Corporation				
			(Name	of corpo	ration -	must include suffix	x)
Dear S	ir or M	adam:					
"Certif	icate of		ce," and check are				act Business in Florida," enced foreign corporation to
Please	return a	ıll corres	pondence concerni	ng this m	atter to t	he following:	
Timoth	ıy R. Sto	ck, Esqui	ire				
				(Nam	e of Per	son)	
Sherra	rd, Gern	ıan & Kel	lly, P.C.				
			- · · · ·	(Firm	/Compa	ny)	
28th F	loor, 2 P	NC Plaza	, 620 Liberty Ave.				
				(/	Address)		
Pittsbu	rgh, PA	15222					
•			***	(City/St	ate and	Zip code)	
For fur	ther inf	ormation	concerning this m	atter, plea	se cail:		
Cynthia	a A. Jani	cko, Para	legal	at ( 412	)	355-0200	
,	(Nam	e of Pers	son)		rea Code	e & Daytime Telep	hone Number)
Enclose	Regist Divisi Cliftor 2661 I Tallah	ration Secon of Con Buildin Executive assee, Fl	rporations			MAILING A Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27
<b>二</b> \$70	.00 Filii	ng Fee	\$78.75 Filing Certificate of	-		8.75 Filing Fee & ertified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ation	STATUTES, THE FOLLOWING IS SUBMITTED <b>3</b> T BUSINESS IN THE STATE OF FLORIDA.
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
		D," "COMPANY," "CORPORATION," PH 1: 22
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
Pennsylvania		2
	under the law of which it is incorporated)	(FEI number, if applicable)
6/5/1964		5 Perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		s in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607	.1502, F.S., to determine penalty liability)
c/o Corporation	Service Company, 2704 Commerce Dr., Har	
	(Principal office a	ddress)
	(Current mailing a	ddress)
Real estate		
	) of corporation authorized in home state or	country to be carried out in state of Florida)
(Purpose(s	of corporation authorized in home state or address of Florida registered agent: (P	
(Purpose(s		
(Purpose(s	et address of Florida registered agent: (P	
(Purpose(s Name and stree Name:	et address of Florida registered agent: (P	P.O. Box NOT acceptable)
(Purpose(s Name and stree Name:	Nils. T. Swann  5781 Lee Boulevard, #208-216	P.O. Box NOT acceptable)
(Purpose(s Name and stree Name: fice Address:  Registered againing been namesignated in this orther agree to compare to c	Nils. T. Swann  5781 Lee Boulevard, #208-216  Lehigh Acres  (City)  gent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin	P.O. Box NOT acceptable) , Florida 33971, Florida (Zip code)  wice of process for the above stated corporation at the place that the state is registered agent and agree to act in this capacity, are lative to the proper and complete performance of my discovered.
(Purpose(s Name and stree Name: fice Address:  Registered againg been namesignated in this orther agree to cold I am familiar	Nils. T. Swann  5781 Lee Boulevard, #208-216  Lehigh Acres  (City)  gent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	P.O. Box NOT acceptable) , Florida 33971  (Zip code)  wice of process for the above stated corporation at the place attent as registered agent and agree to act in this capacity, a relative to the proper and complete performance of my due

- 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: \_\_ Address: \_\_\_\_\_ Vice Chairman: \_ Address: \_\_ Director: Nils T. Swann Address: 5781 Lee Boulevard, #208-216 Lehigh Acres, FL 33971 Director: \_ **B. OFFICERS** President: Nils T. Swann Address: 5781 Lee Boulevard, #208-216 Lehigh Acres, FL 33971 Vice President: Address: \_ Secretary: \_\_Nils T. Swann Address: 5781 Lee Boulevard, #208-216 Lehigh Acres, FL 33971 Treasurer: Address: \_\_ NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

Nils T. Swann, President



Late Sand Belling

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**AUGUST 22, 2006** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### ANOIF CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth