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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

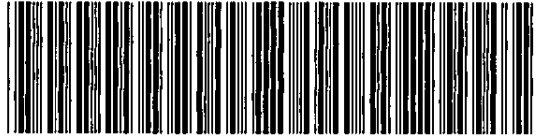
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 18 2008
D.A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Co-Force America, 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:

Antonio Nanni

(Name of Person)

Co-Force America, Inc.

(Firm/Company)

11404 Smathers Circle

(Address)

Pinecrest, FL 33156

(City/State and Zip code)

For further information concerning this matter, please call:

Antonio Nanni

(Name of Person)

at (305) 284-3461

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Co-Force America, Inc.

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

CFAm, Inc.

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

2. Missouri

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

3. 43-1877444

(FEI number, if applicable)

4. 02-10-2000

(Date of incorporation)

5. perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11404 Smathers Circle, Pinecrest FL 33156

(Principal office address)

11404 Smathers Circle, Pinecrest FL 33156

(Current mailing address)

8. To provide engineering services; to assist industries in bringing to market new products.

(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: Antonio Nanni

Office Address: 11404 Smathers Circle

Pinecrest

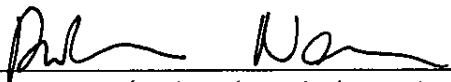
(City)

, Florida 33156

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Valeria Nanni

Address: 11404 Smathers Circle, Pinecrest FL 33156

Vice Chairman: _____

Address: _____

Director: Antonio Nanni

Address: 11404 Smathers Circle, Pinecrest FL 33156

Director: _____

Address: _____

B. OFFICERS

President: Antonio Nanni

Address: 11404 Smathers Circle, Pinecrest FL 33156

Vice President: Valeria Nanni

Address: 11404 Smathers Circle, Pinecrest FL 33156

Secretary: Valeria Nanni

Address: 11404 Smathers Circle, Pinecrest FL 33156

Treasurer: Antonio Nanni

Address: 11404 Smathers Circle, Pinecrest FL 33156

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. Antonio Nanni, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

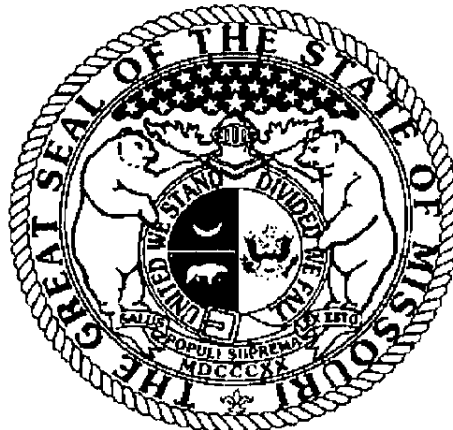
CO-FORCE AMERICA, INC.
00479897

was created under the laws of this State on the 10th day of February, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 11th day of February, 2008

Robin Carnahan

Secretary of State





State of Missouri
Office of the Secretary of State
Secretary of State, Robin Carnahan
Statement

Invoice Number: 6797051

Invoice Date: 02/11/2008 09:08 AM

Billing Information

Nanni, Antonio
11404 Smathers Circle
Pinecrest, FL 33156

Product Description	Certification Number	Order Date	Qty	Pages	Item Cost	Extended	Amount Due
JEFF-Existence - Certified Good Standing Re: 10427291 CO-FORCE AMERICA, INC. - General Business Contact: Nanni, Antonio Shipped Via: Online		02/11/2008	1	1	10.00	10.00	Paid

Account #: 41080

Credit Balance as of 02/11/2008: \$0.00

Invoice Total: \$10.00

Payment Details:

E-Payment, M Acct XXXXXXXXXXXXXXX7945, Auth: 241231

Payment Total: \$10.00

Contact(s): Nanni, Antonio

Amount Due: \$0.00

Include invoice number on all correspondence and send to:

UCC Inquiries: Missouri Secretary of State's Office
P.O. Box 1159
Jefferson City, Missouri 65102

To discuss payment for UCC items call:
(866) 223-6535 Toll Free

Corporation Inquiries: Missouri Secretary of State's Office
P.O. Box 1366
Jefferson City, Missouri 65102

To discuss payment for Corporation Items call:
(866) 223-6535 Toll Free

Commission Inquiries: Missouri Secretary of State's Office
P.O. Box 784
Jefferson City, Missouri 65102

To discuss payment for Commission Items call:
(866) 223-6535 Toll Free