

FO9000001332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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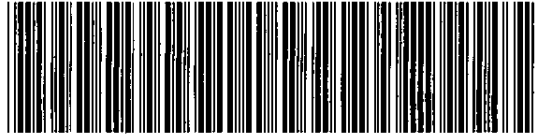
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 30 AM 11:16

W09000015187

MD 4/2

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Novacoast, 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:

Janice Newlon

(Name of Person)

Novacoast, Inc

(Firm/Company)

1505 Chapala Street

(Address)

Santa Barbara. CA 93101

(City/State and Zip code)

For further information concerning this matter, please call:

Janice Newlon

(Name of Person)

at (805) 884-4156

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2009

JANICE NEWTON

1505 CHAPALA STREET
SANTA BARBARA, CA 93101

SUBJECT: NOVACOAST, INC.
Ref. Number: W09000015187

We have received your document for NOVACOAST, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Photocopy of the registered agent signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 809A00010935

**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.

FILED
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DIVISION OF CORPORATIONS
09 MAR 30 AM 11:11

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

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

2. California 3. 77-0443920
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/25/96 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 1505 Chapala St., Santa Barbara, CA 93101
(Principal office address)

(Current mailing address)

8. Computer Consulting Services
(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston, Florida 33331
(City) (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.

NRAI Services, Inc.

Diane L. Flanagan, Asst. Secy.
(Registered agent's signature) Diane L. Flanagan, Asst. Secy.

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: PAUL ANDERSON

Address: 200 Via Fiesta
Newbury Park, CA 91320

Vice Chairman: ADAM GRAY

Address: 1818 PAMPAS AVE
Santa Barbara. CA 93101

Director: BETSY ANDERSON

Address: 200 Via Fiesta
Newbury Park, CA 91320

Director: Janice Newlon

Address: 1312 COLINA LANE
Santa Barbara. CA 93103

B. OFFICERS

President: Paul Anderson

Address: 200 Via Fiesta
Newbury Park, CA 91320

Vice President: ADAM GRAY

Address: 1818 PAMPAS AVE
Santa Barbara. CA 93101

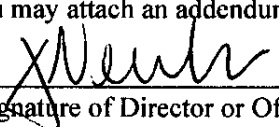
Secretary: ADAM GRAY

Address: 1818 PAMPAS AVE, SANTA BARBARA, CA 93101

Treasurer: Janice Newlon

Address: 1312 COLINA LANE, SANTA BARBARA, CA 93103

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

J. Newlon
(805)884-4156

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 30 AM 11:16

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 30 AM 11:16

ENTITY NAME:

NOVACOAST, INC.

FILE NUMBER: C1794378
FORMATION DATE: 11/25/1996
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 05, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State