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РІСК-ÚР	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		

Office Use Only



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WI-3833

B McKnight FFB 1 8 2010

## **COVER LETTER**

TO: New Filing Sect Division of Corp			
SUBJECT: DO	RCO IND (	USTRIES.  ation - must include suffix)	INC
Dear Sir or Madam:			
The enclosed "Applicati "Certificate of Existence transact business in Flor	e," and check are submitted	for Authorization to Transact to register the above reference	Business in Florida," eed foreign corporation to
Please return all correspondent	ondence concerning this ma	tter to the following:	•
MICHAE	L TALLMAN		
	(Name	of Person)	
MORCO I	ODUSTRIES	S, INC.	
	(Firm/	Company)	
365 W.	UICTORI		
	(A	ddress)	
COMP 10	$\frac{10/(JH)/90}{(City/Ste}$	Le and Zip code)	
	(City/Su	ice and Zip code)	,
For further information	concerning this matter, pleas	se call:	
MICHAEL TALLM (Name of Perso	1A() at (31()	) 639-4000 ca Code & Daytime Telepho	ne Number)
STREET/COU New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclosed is a cheek for t	he following amount:		
☐ \$70,00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



January 26, 2010

MICHAEL TALLMAN 365 W VICTORIA ST COMPTON, CA 90220

SUBJECT: NORCO INDUSTRIES, INC.

Ref. Number: W10000003833

We have received your document for NORCO INDUSTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collects a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6931.

Letter Number: 410A00002028

Becky McKnight
Regulatory Specialist II
New Filing Section

APPLICA		ION FOR AUTHORIZATION TO TRANS IN FLORIDA	ACT 2
N COMPLIANCE REGISTER A POS	E WITH SECTION 407.1503, FLORIDA S REIGN CORPORATION TO TRANSACT	TATUTES. THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	ם ק
Hinter marge of to	C TUDUSTRIES, TUDORPORATED OFP, "loc," "Co," or "Corp.")	OC ." "Company," "Corporation,"	
. CALII	FORNIA	endopted for the purpose of transporting business in Flori	ida)
(State or estudity	under the law of which it is incorporated)	(FEI anmber, if applicable)	
. APRIL		PERPETUAL	
. (Date	of incorporation)	(Duration: Year seep, will come to exist or "perpetu	#P)
6. <u>UPO</u> 1	<u> </u>		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1902. F.S., to determine pensity liability)	
1.365 L	e). UTCTCRIA 57. (Principal office add	COMPTON CA 9000	٥
365 W.	UCTORTH ST. COMPT	ON CA 90220	
ROL	JUCT SALES		
{Parpo#((	e) of corporation authorized in home state or c	posity to be carried out in state of Florida)	
). Name and street	ot address of Florida registered eigent: (P.	O. Box <u>NOT</u> ecceptable)	
Name:	REGISTERED AGENT	SOLUTIONS, INC.	,
Office Address:		LAZA DR., SUITE A	
	TRUAHASSE (City)	Florida 3230/ (Zip code)	
		•	

(A. Registered agent's acceptances

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.

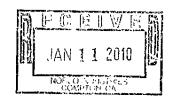
Registered agent's signature)

11. Attached is a conflicute of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Scoretary of State of 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	30
Chairman: ANDREW TALMAN	OF FEE
Address: 365 W. UKCTORTA ST	<u>8</u>
COMPTON, CA 90220	
Vice Chairman:	3 30
Address:	<u> </u>
Director: MICHAEL TALLMAN	
Address: 365 W. UICTORIA ST	·····
COMPTON, CA 90220	
Director: LAURA TALIMAN	
Address: 365 W. VICTORIA ST	
COMPTON, CA 90220	
B. OFFICERS	,
President: ANDREW TALMAN	
Address: 365 W. IXCTORIA ST	
COMPTON CA 90220	
Vice President:	
Address:	
Secretary: MICHAEL TALMAN	
Address: 365 W. VICTORIA ST, COMPTON, CA GODDO	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direction listing additional officers and listing additiona	ctors.
(Signature of Director or Officer listed in number 12 of the application)	<del></del>
14. MICHAEL TALMAN CORPORATE SEC (Typed or printed name and capacity of person signing application)	RETARY

## State of California Secretary of State



CERTIFICATE OF STATUS

ENTITY NAME:

NORCO INDUSTRIES, INC.

FILE NUMBER:

C0468262

FORMATION DATE:

04/01/1964

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 04, 2010.

DEBRA BOWEN
Secretary of State