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COVER LETTER

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Certified Copy

TO: New Filing Section SECRETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA 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," or "Certificate of Good Standing" 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: Name of Person auderdale, FL 33301
City/State and Zip code Contenationaling, Con E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section **New Filing Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: \$87.50 Filing Fee, □ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATULES, THE COLOR REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDADIO MAR -9 IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," TALLAHASSEF, FLOORE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Thinois
(State or country under the law of which it is incorporated)

3. 36-3416614
(FEI number, if applicable) 4. O1-10-86

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 401 East Las das Blvd Suite 130-119
(Principal office address) F1. Lauderdales FL 33301 (Current mailing address) 8. <u>Directors have relocated to FL (as residents)</u>
(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) SONANSSON Name: 347 N. New River Or. East #2005 Office Address: Ft. Wooderdale, Florida 3330 \ (Zin 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 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.

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

A. DIRECTORS	
Chairman: Paul Johansson	
Address: 401 East Las olas Blud. Suite 13	0-119
Ft. Lauderdale, FL 33301	
Vice Chairman: Dovid Johansson	
Address: 401 East Las Olas Blud; Suite	30-119
Ft. Lauderdale, PL 33301	
Director:	
Address:	
Director	
Address:	
Address:	3° 20
	28 28 7
B. OFFICERS Some President:	NAR -
	SET OF TO
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addit	ional officers and/or directors
\mathcal{Y}	ional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the	application)
14. David Johansson, Vice Chai	rman
(Typed or printed name and capacity of person signing ap	

File Number

5410-374-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

NOA INTERNATIONAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 10, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1006600254

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH

day of

MARCH

A.D.

2010

Desse White

SECRETARY OF STATE