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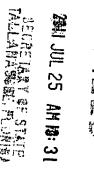
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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J. Simore JUL 26 2011

COVER LETTER

TO: New Filing S Division of O		
SUBJECT: Nate	gasco, Inc.	
	Name of corporation - must include suffix	
Dear Sir or Madam:		
"Certificate of Existe	cation by Foreign Corporation for Authorization to Transact Business in Florida," ence," or "Certificate of Good Standing" and check are submitted to register the eign corporation to transact business in Florida.	
Please return all corr	espondence concerning this matter to the following:	
Eric Greene		
	Name of Person	
Schwartz Kel	ly, LLC	
	Firm/Company	
67 Beaver Av	venue, Suite 25	
	Address	
Annandale, N.		
	City/State and Zip code /artzkelly.com E-mail address: (to be used for future annual report notification)	
egreene@schw	vartzkelly.com ≘ਿੱ ≧	KTY.
	E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
_	en e	\$
Eric Greene	at (908) 735-2377	
Name of Per	rson Area Code & Daytime Telephone Number	
New Filing S Division of C Clifton Build	Corporations Division of Corporations ling P.O. Box 6327 ive Center Circle Tallahassee, FL 32314	
Enclosed is a check f	for the following amount:	
√ \$70.00 Filing F	ee \$\int_{\text{S78.75 Filing Fee & Certified Copy}} \begin{array}{c c c c c c c c c c c c c c c c c c c	Ż

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. Natgasco, Ind	C.					
(Enter name of c	corporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	ness in Flo		
·		2	22-3594766			
(State or country under the law of which it is incorporated)		_ 3.	(FEI number, if applicable)		
4. 2/23/98		5	Perpetual			
(Date of incorporation)		٥.	(Duration: Year corp. will cease to exist	or "perpeti	ual")	
6						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7. 532 Freema	an Street, Orange, New Jer					
	(Principal office	add	ress)			
532 Freem	nan Street, Orange, New J	ler	sey 07050			
	(Current mailing	add	ress)			
A mare loss of sale	ant an antivity for which an		tions	Z		
	of corporation authorized in home state of		orations may be organized.	[C)		TO SEE
	•			5.5	JUL 25	*****
9. Name and stree	et address of Florida registered agent: ((P.C	D. Box <u>NOT</u> acceptable)	hi i		17
Name:	InCorp Services, Inc.			71	A	T
Office Address:	17888 67th Court North			3	AH AS: 3	4
	Loxahatchee		, Fiorida 33470	Also		
	(City)		(Zip code)			
In Registered as	gent's acceptance:					
Having been nam	ed as registered agent and to accept se	ervi	ce of process for the above stated corpo	oration a	the pl	ace_
designated in this	application, I hereby accept the appointments with the provisions of all statute	intr	nent as registered agent and agree to a elative to the proper and complete perf	ct in this Tormance	capacit of my .	ty. I duties.
	with and accept the obligations of my			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
			On hahalf of			
	$()$: $\alpha V 0$.		On behalf of: InCorp Services	s Inc		
_	(Registered agent's signati	<i>7/)</i> ure\	The moorp services	3, THO.		
	(Wobistoren agent a album	-· <i>~)</i>				

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: Deborah Berna Fineman			
Address: 532 Freeman Street, Orange, New Jersey 07050			
Vice Chairman: John Bozik			
Address: 532 Freeman Street, Orange, New Jersey 07050			
Director: Stefan Bozik			
Address: 532 Freeman Street, Orange, New Jersey 07050			
		·	
Director: Avriela Bozik			
Address: 532 Freeman Street, Orange, New Jersey 07050			
B. OFFICERS	7.5	.a ₁ ;	
President: Deborah Berna Fineman	F IF		ATTENDA.
Address: 532 Freeman Street, Orange, New Jersey 07050	30.101 36.751 20.752	4701	CONTRACTOR OF THE PERSON NAMED IN COLUMN 1
	R	2	
Vice President:		3	in a l
Address:	in 113	ယ်	
Secretary:			
Address:			
Treasurer: Emmanouil Sevdalis			<u>.</u>
Address: 532 Freeman Street, Orange, New Jersey 07050			
NOTE: If necessary, you may attack an addendum to the application listing additional officer	s and/or dire	ctors.	
13. Sun Savelle			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms the are true and that he or she is aware that false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S.	nat the facts s rtment of Sta	stated he	erein titutes a
14 Emmanouil Sevdalis Treasurer			

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATGASCO, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SC FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D.

2011.

ZEMI JUL 25 AM IS: 31

2862315 8300

110796384

AUTHENTY CATION: 8884949

DATE: 07-06-11

You may verify this certificate online at corp.delaware.gov/authver.shtml