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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

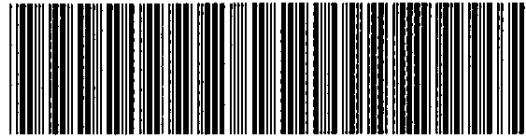
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
FILED

8/31  
[Signature]

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NOVACK PROPERTIES, 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," 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:

THOMAS NOVACK

Name of Person

NOVACK PROPERTIES, INC.

Firm/Company

P.O. BOX 1481

Address

SPRINGFIELD, OREGON 97477

City/State and Zip code

tinanovack@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS NOVACK

Name of Person

at ( 541 ) 606-4316

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. NOVACK PROPERTIES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"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)

2. OREGON

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

3. 93-1097532

(FEI number, if applicable)

4. 06/28/1992

(Date of incorporation)

5. PERPETUAL

(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. 758 B Street SPRINGFIELD, OREGON

(Principal office address)

P.O. BOX 1481 SPRINGFIELD, OR 97477

(Current mailing address)

8. FOR PROFIT

(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: THOMAS NOVACK

Office Address: 922 26th street West

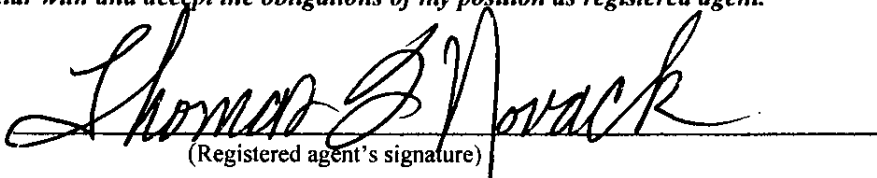
BRADENTON, Florida 32405  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

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

**A. DIRECTORS**

Chairman: THOMAS NOVACK

Address: 3700 BABCOCK LANE space # 36  
EUGENE, OREGON 97401

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: TINA NOVACK

Address: 3700 BABCOCK LANE space # 36  
EUGENE, OREGON 97401

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: THOMAS NOVACK

Address: 3700 BABCOCK LANE space # 36  
EUGENE, OREGON 97401

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: TINA NOVACK

Address: 3700 BABCOCK LANE space # 36 EUGENE, OREGON 97401

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. THOMAS E. NOVACK

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**NOVACK PROPERTIES, INC.**

was

incorporated

under the Oregon

**Business Corporation Act**

on

**June 26, 1992**

and is active on the records of the Corporation Division as of  
the date of this certificate.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOVACK PROPERTIES, INC.



In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

KATE BROWN, Secretary of State

By

*Debra L. Virag*

Debra L. Virag

August 24, 2011