

**F12000002142**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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12 MAY 18 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K 05/22/12*

## COVER LETTER

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

**SUBJECT:** NYCON CORPORATION

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:

Julia Greenberg-Aguilar

Name of Person

MyUSAcorporation.com

Firm/Company

40 Exchange Place, STE 1301

Address

New York, NY 10005

City/State and Zip code

BARRYF@ALPATTERSON.COM

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at ( 877 ) 330-2677

Name of Person

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. NYCON CORPORATION**

(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. Pennsylvania**

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

**3.**

(FEI number, if applicable)

**4. 3/29/2010**

(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. 300 BEN FAIRLESS DRIVE, FAIRLESS HILLS, PA 19030**

(Principal office address)

**300 BEN FAIRLESS DRIVE, FAIRLESS HILLS, PA 19030**

(Current mailing address)

**8. MANUFACTURING**

(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: Incorp Services, Inc.

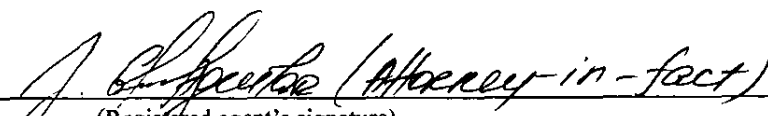
Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip code)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: BARRY FLECK

Address: 300 BEN FAIRLESS DRIVE  
FAIRLESS HILLS, PA 19030

Vice Chairman: PAUL BRACEGIRDLE

Address: 300 BEN FAIRLESS DRIVE  
FAIRLESS HILLS, PA 19030

Director: BARRY FLECK

Address: 300 BEN FAIRLESS DRIVE  
FAIRLESS HILLS, PA 19030

Director: PAUL BRACEGIRDLE

Address: 300 BEN FAIRLESS DRIVE  
FAIRLESS HILLS, PA 19030

**B. OFFICERS**

President: BARRY FLECK

Address: 300 BEN FAIRLESS DRIVE  
FAIRLESS HILLS, PA 19030

Vice President: PAUL BRACEGIRDLE

Address: 300 BEN FAIRLESS DRIVE  
FAIRLESS HILLS, PA 19030

Secretary: BARRY FLECK

Address: 300 BEN FAIRLESS DRIVE, FAIRLESS HILLS, PA 19030

Treasurer: BARRY FLECK

Address: 300 BEN FAIRLESS DRIVE, FAIRLESS HILLS, PA 19030

**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. BARRY FLECK (PRESIDENT)

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

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12 MAY 18 AM 9:10  
TALLAHASSEE, FLORIDA

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact..

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \* Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of attorney shall become NULL and VOID from and after December 31, 2012.

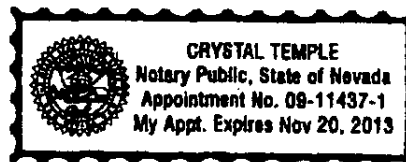
Tennie Sedlacek

Tennie Sedlacek, President

Dated: June 7, 2011

Signed in my presence this the 7th day of June 2011 by Tennie Sedlacek, State of Nevada.  
County of Clark

Crystal Temple  
Notary Public in the State of Nevada



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12 MAY 18 AM 9:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

MAY 4, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**Nycon Corporation**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth

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SECRETARY OF STATE  
HALLMARKS, FLORIDA