To: +18506176381

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12/11/2014

Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000286036 3)))



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To:

Division of Corporations ...

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From:

Account Name : LICENSE EXAM SERVICES

Account Number : 120120000042

Phone Fax Number

: (941)706-2336 : (866)473-0571

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

NOSALINDUSTRIES@SNET.NET

FOREIGN PROFIT/NONPROFIT CORPORATION NOSAL INDUSTRIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

H14000286036 3

COVER LETTER

	Filing Section					
	•	ations	NOSAL I	NDL	ISTRIES, INC.	
SUBJECT		Name	e of corpora	- aoil	must include suffix	
Dear Sir or I	√adam:					
"Certificate above refere	of Existence," need foreign o	or "Certifica orporation to	te of Good ! transact bu	Stand siness	ing" and check are sub s in Florida.	ct Business in Florida," mitted to register the
Please return	all correspond	dence concei	ning this ma		o the following:	

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For further i	nformation cor	cerning this	matter, plea	se ca	11:	
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Nar	ne of Person		Aı	ea Co	ode & Daytime Telepho	one Number
New Divi Clif 266	REET/COURI Filing Section sion of Corpor ton Building I Executive Co ahassee, FL 32	ations	SS:		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is	a check for the	following ar	mount:			
■ \$70.00 F	iling Fce 🗆	1 \$78.75 File Certificate	ing Fee & c of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

H14000286036 3



December 12, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

LICENSE EXAM SERVICES

SUBJECT: NOSAL INDUSTRIES INC

REF: W14000074079

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return 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) 245-6052.

Carol Mustain Regulatory Specialist II FAX Aud. #: H14000286036 Letter Number: 114A00026285

P.O BOX 6327 - Tallahassee, Florida 32314

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.

(If name unavailable	in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
2.	ONNECTICUT 3.	06-1378616
(State or country und	er the law of which it is incorporated)	(FEI number, if applicable)
4.	02/28/1995	PERPETUAL
	ncorporation)	(Duration: Year corp., will cease to exist or "perpetual" [
6.		ý.
<u> </u>	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
7	21 MEADOW RD CLI	NTON, CT 06413
**	(Principal office addr	ess)
	21 MEADOW RD CLI	NTON, CT 06413
	corporation authorized in home state or couldress of Florida registered agent: (P.C. MARTIN NOSAL	
Office Address:	625 FOX TRAIL SW	
	VERO BEACH	Florida 32962-5538
	(City)	(Zip code)
in Registered agen	t's acceptance:	ce of process for the above stated corporation at the p nent as registered agent and agree to act in this capa

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.

H14000286036 3

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Vice Chairman: ___ Address: Director: Address: Director: Address: B. OFFICERS **MARTIN NOSAL** President: 33 BELSTONE AVE Address: _____ WESTBROOK, CT 06498 MARTIN J.P. NOSAL Vice President: 7 BERKELEY RD Address: MIDDLETOWN, CT 06457 NANCY J. GILBERT Secretary: 10 WARD PLACE OLD SAYBROOK, CT 06475 Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. MARTIN NOSAL, PRESIDENT (Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

NOSAL INDUSTRIES, INC.

a domestic STOCK corporation, was filed in this office on February 28, 1995, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: December 11, 2014

Business ID: 0508934

Express

Certificate Number: 2014354654001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov