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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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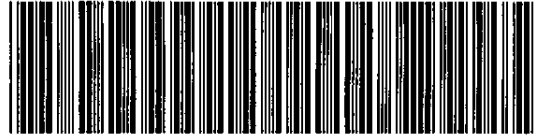
(Business Entity Name)

(Document Number)

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3/1/16 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAAR BOVEN 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:

KAT CHRYSOSTOM

NAAR BOVEN CORPORATION	Name of Person
P.O. BOX 771976	Firm/Company
OCALA, FLORIDA 34477-1976	Address
KAT@BENEFABPRODUCTS.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

KAT CHRYSOSTOM	803	556-5419
Name of Person	at () Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

NAAR BOVEN CORPORATION

1. _____
(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. DELAWARE, USA 3. 61-1664425
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/08/2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. START DATE OF BUSINESS: APRIL 1, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3511 SILVERSIDE RD, SUITE 105, WILMINGTON, DE 19810
(Principal office address)
P.O. BOX 771976, OCALA, FL 34477-1976
(Current mailing address, if different)

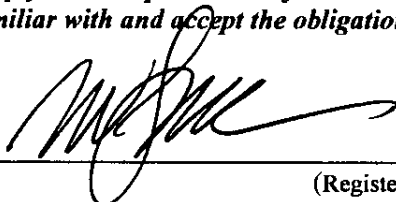
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: R. WILLIAM FUTCH, ATTORNEY

Office Address: 610 SE 17TH STREET
OCALA, Florida 34471
(City) (Zip code)

9. 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)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: KATHERINE CHRYSOSTOM

Address: PO BOX 771976

OCALA, FL 34477-1976

Director: RICHARD KASPER

Address: PO BOX 10247

SWANZEY, NH 03446

B. OFFICERS

President: KATHERINE CHRYSOSTOM

Address: PO BOX 771976

OCALA FL 34477-1976

Vice President: RICHARD KASPER

Address: PO BOX 10247

SWANZEY, NH 03446

Secretary: RICHARD KASPER

Address: PO BOX 10247, SWANZEY NH 03446

Treasurer: KATHERINE CHRYSOSTOM

Address: PO BOX 771976, OCALA FL 34477-1976

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

12. Katherine Chrysostom, PRESIDENT

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. KATHERINE CHRYSOSTOM, PRESIDENT

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

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAAR BOVEN CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAAR BOVEN CORPORATION" WAS INCORPORATED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5051347 8300

SR# 20151467167

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 10660595

Date: 12-21-15