# F160000000454

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Ony) Calcon Light Horizon					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
6209 WB-32731					





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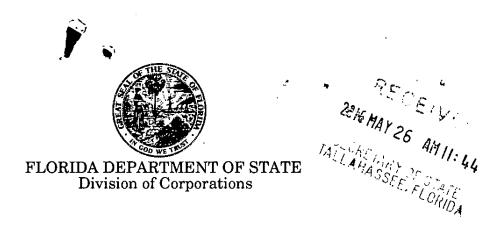
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MAY 3 1 2016

SHARREN



May 4, 2016

SEAN NAUGHTON 1898 ROUTE 940 PO BOX 709 POCONO PINES, PA 18350 US

SUBJECT: NAUGHTON ENERGY CORPORATION

Ref. Number: W16000032731

We have received your document for NAUGHTON ENERGY CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00009313

Division of Comparations DO BOY 6297 Wellahassa Florida 2021A

### **COVER LETTER**

TO:	_	tration Se on of Cor	ction porations						
~~			FON ENERGY C	ORPORATIO	N				
SUBJECT: Name of corporation - must include suffix							· · · · · · · · · · · · · · · · · · ·		
Dear S	ir or M	adam:							
"Certif	ficate of	Existenc		te of Good S	Stand	ding" and	check are su		usiness in Florida," ed to register the
	return a	•	ondence concer	ning this ma	tter	to the foll	owing:		
				Name	of P	erson			
NAUG	HTON I	ENERGY	CORPORATION						
				Firm/C	omp	oany			
1898 R	OUTE	940, PO BO	OX 709						
				Ac	ldre	SS			
POCO	NO PIN	ES, PA 18	350						
				City/Stat	e an	d Zip cod	e		
SEAN	@NAUC	GHTONEN	IERGY.COM						
			E-mail addre	ss: (to be use	ed fo	or future a	nnual report	notif	ication)
For fur	ther inf	ormation	concerning this	matter, pleas	se ca	all:			
SEAN	NAUGI	HTON		570 at (		646-042	22		
	Name	of Perso	n	Area C	Code		aytime Telep	ohone	Number
Enclos	Regist Divisi Cliftor 2661 I Tallah	tration Secon of Cor n Building Executive nassee, FL	porations G Center Circle			] ] ]	MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Sectio Corpoi 27	on rations
	).00 Fili		□ \$78.75 Fili Certificate	ng Fee &		\$78.75 F Certified	iling Fee & 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.

(If name unavaila PENNSYLVAN	able in Florida, enter alternate corporate name		eting business in Florida)			
	3.	(FEI number, if applicable)				
7/25/1985	y under the law of which it is incorporated)  5.	(FEI number, if applicable)				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
······································		ng address, if different)				
Name and stree	t address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)				
Name:	KRISTIN NAUGHTON MILLET		33 2			
fice Address:	2271 OAKES BLVD.					
	NAPLES	 34119 . Florida	D 4: 00			
	(City)	, Florida(Zip code)	IDA A			
iving been nam signated in this other agree to co	ent's acceptance:  ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes amiliar with and accept the obligations	ment as registered agent and o relative to the proper and com	igree to act in this capaci plete performance of my			

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.



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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	<del>-</del>
Director:	
Address:	
	r un Cross
B. OFFICERS  MARIETTE NAUGHTON  President:	ORETAR ORETAR STANKE
Address: 5211 POCONO CREST ROAD	
POCONO PINES, PA 18350	STA COR
SEAN NAUGHTON Vice President:	00 DA
517 PINECREST DRIVE Address:	i.
POCONO PINES, PA 18350	
SEAN NAUGHTON Secretary:	
517 PINECREST DRIVE, POCONO PINES, PA 18350 Address:	
MARIETTE NAUGHTON Treasurer:	
Address: 5211 POCONO CREST ROAD, POCONO PINES, PA 18350	
NOTE: If necessary, you may attach an addendum to the application listing additional 12.  Signature of Director or Officer	al officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) a are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.  MARIETTE NAUGHTON - PRESIDENT	

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 04/29/2016

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **NAUGHTON ENERGY CORPORATION**

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting 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

Secretary of the Commonwealth

Certification Number: TSC160429121267-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx