

F17000001252

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000073650 3)))



H170000736503ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: kathyconley@northernlitho.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
NORTHERN LITHO, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

****Please submit on a File First/File Second Basis****
****Please file the withdrawal for Northern Litho, LLC before the Qualification for Northern Litho, Inc.****

2017 MAR 16 PM 3:07

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

MAR 17 2017

FILED

2017 MAR 16 PM 12:55

SECRETARY OF STATE
ALABAMA, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northern Litho 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:

Capitol Services - Corporate Filings Team

Name of Person

Capitol Services, Inc.

Firm/Company

206 E. 9th St., Ste. 1300

Address

Austin TX 78701

City/State and Zip code

kathyconley@northernlitho.com

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

For further information concerning this matter, please call:

Kathy Conley

Name of Person

at (239) 260-3123

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.*

1. Northern Litho, 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. NY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/18/1996 5. _____
(Date of incorporation) (Date of duration, if other than 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. 9010 Strada Stell Ct 103, Naples FL 34109
(Principal office address)

(Current mailing address, if different)

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

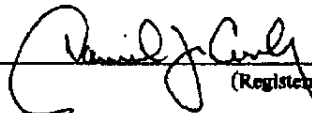
Name: Daniel Conley

Office Address: 9486 Gulf Shore Dr

Naples, Florida 34108
(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.

2017 MAR 14 PM 12:55
SECRETARY OF STATE
TREASURY OF FLORIDA

FILED

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

A. DIRECTORS

Chairman: Daniel Conley

Address: 9486 Gulf Shore Dr, Naples FL 34108

Vice Chairman: Kathleen Conley

Address: 9486 Gulf Shore Dr, Naples FL 34108

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Daniel Conley

Address: 9486 Gulf Shore Dr, Naples FL 34108

Vice President: Kathleen Conley

Address: 9486 Gulf Shore Dr, Naples FL 34108

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Daniel Conley
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. Daniel Conley President

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 14 P 12:59

FILED

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of NORTHERN LITHO, INC. was filed on 11/18/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of March
two thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a faint, circular official stamp.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

201703160384 * 01