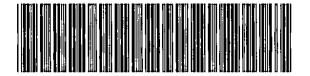
# F20000002684

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:  PERMISSION to delete  PABUS. Name "NEC. FNC"  6/17/20			
W2000052705			

Office Use Only



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*			
COVER LE	TTER .		
TO: Registration Section Division of Corporations			
SUBJECT: Name of corporation -	must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standiabove referenced foreign corporation to transact business	ng" and check are subm	Business in Florida," titted to register the	
Please return all correspondence concerning this matter to	the following:		
David (lifford			
Name of Pe	erson		
MEC Inc			
Firm/Compa	any		
_ 1405 SE 20th Ct,		·	
Address	2:000		
(ape Coral, FL 3	55990 <u> </u>		
, ,			
E-mail address: (to be used for	ail. Com future annual report no	tification)	
For further information concerning this matter, please cal			
• A second of the second of th	•	76	
David Clifford at 603	998-673	4	
Name of Person Area Code	Daytime Telepho		
CTDEET/COUDIED ADDRESS.	BEARLINGS AND		
STREET/COURIER ADDRESS: Registration Section Registration Section Registration Section			
Division of Corporations The Centre of Tallahassee	Division of Cor	porations . $\bigcirc$	
2415 N. Monroe Street, Suite 810	P.O. Box 6327  Tallahassee, FL 32314		
Tallahassee, FL 32303		343	
Enclosed is a check for the following amount:			
Please make check payable to: <b>FLORIDA DEPARTMENT O</b> \$\Boxed{\Boxesia} \\$70.00 \text{ Filing Fee } \Boxed{\Boxesia} \\$78.75 \text{ Filing Fee } \Boxed{\Boxesia} \\$\$		NOV there so that the	
	78.75 Filing Fee & Certified Copy	★ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## - APPLICATION BY FOREIGN CORPCRATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORID REIGN CORPORATION TO TRANSA	DA STATUTES, THE FOLLOWING IS SU ACT BUSINESS IN THE STATE OF FLO	JBMITTED TO RIDA.
1.	EC Inc		
(Enter name of co	orporation; must include "INCORPORA" orp." "Inc." "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
Nort	heast Communica	itions Inc	
,		name adopted for the purpose of transacting become Federal EIN:  3.  (FEI number, if applied)	1 A - ~ ///
001	/ / -		
4. <u>05/</u> (Date	of incorporation)	5(Date of duration, if other than	perpetual)
5 <u>-</u>	(Date first transacted busin (SEE SECTIONS 607.1501 & 6	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	
7 <i>i?</i> ?	B Hayes Pd. Alten, NH	al office street address)	
	05 SE 20th Ct (	al office <u>street</u> address)  Cape Coral, FL 3 3 <b>9</b> mailing address, if different)	90
3. Name and <u>street</u>	address of Florida registered agent:	(P.O. Box NOT acceptable)	020 Jr 17
Name:	Davi	4 Clifford	
Office Address:	1405 SE 20th Ct	<u>+                                    </u>	AK 10: 22
	Cupe Coral	Florida <u>339</u> 90	63
	(City)	(Zip code)	
lesignated in this o urther agree to co	ed as registered agent and to accept supplication, I hereby accept the appo	service of process for the above stated co ointment as registered agent and agree to ites relative to the proper and complete p iy position as registered agent.	act in this capacity. I
_	Out (Registered agen	n's signature)	_
he Department of S	ertificate of existence duly authentica	ated, not more than 90 days prior to delive ner official having custody of corporate re	ery of this application to cords in the jurisdiction

1. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A., PARECTORS				
□Chairman	Name: David Clifford	□ Chairman	Name:	<u> </u>
□Vice Chairman	Address: 1718 Hayas Rd	□Vice Chairman	Address:	
□Director	Alton NH 03809	□Director		
⊒President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
⊐Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President	<u></u>	
□Vice President		□Vice President	<u> </u>	
□Secretary	□Treasurer	□Secretary		□Treasurer
∃Other	Other	Other		□Other 23
∃Chairman	Name:	□Chairman	Name:	
∃Vice Chairman	Address:	□Vice Chairman	Address:	A! 1/10:
3Director		□Director		0; <u>?</u>
∃President	<del></del>	□President		
∃Vice President		□ Vice President		
]Secretary	□Treasurer	☐ Secretary		☐ Treasurer
JOther	Other	□Other		□Other
nportant Notice: Udividuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when thing your Plotida Department of Director of Signature of Director of Dire	ent of State Annual Re	I for reporting propert form.	
he officer or directed is aware that fall 817.155, F.S.	tor signing this document (and who is listed in numbers information submitted in a document to the Depart	er 11 above) affirms the	nt the facts stated les a third degree	I herein are true and that he or e felony as provided for in
3.	(Typed or printed name and capacity of pers	on signing application)	Pre	sident

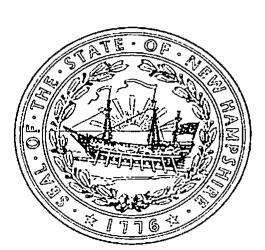
### State of New Hampshire Department of State

### **CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NEC INC is a New Hampshire Profit Corporation registered to transact business in New Hampshire on May 08, 2018. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 794419

Certificate Number: 0004930628



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 15th day of June A.D. 2020.

William M. Gardner

Secretary of State



May 29, 2020

DAVID CLIFFORD 1405 SE 20TH CT CAPE CORAL, FL 33990 US

SUBJECT: NEC INC

Ref. Number: W20000052705

We have received your document for NEC INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 820A00010737

RECEIVED