# F20000004074

(Requestor's Name)						
(Nequestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Endy Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special instructions to 1 ming officer.						
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Office Use Only



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Millian Holder Hole Friede

2020 S. 15 AT 9:10

5m/20/20

# **COVER LETTER**

TO:	_	tration Section ion of Corporations						
SUBJI	ECT:	Northcon, Inc.						
		Name of corporation - must include suffix						
Dear S	ir or M	adam:						
~Certif	icate o		Good Stand	Authorization to Transact Business in Flo ling" and check are submitted to register is in Florida.				
Please	return	all correspondence concerning	this matter	to the following:				
Erik Pa	nke							
			Name of I	Person				
Northco	on, Inc.							
		·	Firm/Com	pany				
106151	N. Gove	ernment Way						
		<del> </del>	Addre	SS				
Coeur c	l'Alene.	. ID 83835						
		(	`ity/State ar	nd Zip code				
erik.par	nke@no	ortheonine.com	·	•	202			
		E-mail address: (t	o be used f	or future annual report notification)				
For fur	ther in	formation concerning this matt	er, please ca	all:	2020 5 15			
Erik Pa	nke	at	208	772-6003				
	Name	e of Person	Area Code	Daytime Telephone Number .	- - 611 91 11.0			
	Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	nake ch	check for the following amounteck payable to: FLORIDA DEP- ing Fee	ARTMENT Tee & □	OF STATE.  \$78.75 Filing Fee &  Certified Copy Certificate Certified C	of Status &			

# 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

Northcon, Inc.							
(Enter name of "Inc.," "Co.," "C	corporation: must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	." "COMPANY." "CORPORA" ION."					
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	ida}				
2. Idaho		82-0529783					
(State or country under the law of which it is incorporated		(FEI number, if applicable)					
1	5.	Perpetual					
(Date	of incorporation)	(Date of duration, if other than perpetual)					
will start Septer	will start September 1, 2020						
, 13555 Automobi		n Florida, if prior to registration) 502. F.S., to determine penalty liability)	20				
Clearwater, FL	·	ice <u>street</u> address)	zopo si				
	(Current mailii	ng address, if different)	<u></u> ای				
. Name and <u>stree</u> Name:	(Current mail) et address of Florida registered agent: (P.C Registered Agent Solutions, Inc.	ng address, if different)	5 11 9				
	et address of Florida registered agent: (P.C	ng address, if different)	5				
Name:	Registered Agent Solutions, Inc.  155 Office Plaza Dr. Suite A	ng address, if different)	5 11 9				

### 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.



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 of other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Randall Smith	☐ Chairman	Name:	<del></del>			
□Vice Chairman	Address: 22424 N. Pope Road	□Vice Chairman	Address:				
□Director	Athol, ID 83801	□Director					
■ President		□President					
□Vice President		□Vice President					
□Secretary	☐ Freasurer	□ Secretary		□ Treasurer			
□Other		□Other		□Other			
□Chairman	Renay Smith	⊒Chairman	Name:				
□Vice Chairman	Address: 22424 N. Pope Road						
☐Director	Athol, ID 83801	□Director					
□President		□President					
■ Vice President		□Vice President					
□ Secretary	□Treasurer	□Secretary		☐ Freasurer			
□Other	□ Other □	□Other		□Other			
□Chairman	Name:	□Chairman	Name	2020 S			
	Address:	□Vice Chairman		<u>-</u>			
□Director		□Director		e Ali			
□President		□President		9:			
□ Vice President		□Vice President		0			
□Secretary	□Treasurer	□ Secretary		☐ Freasurer			
□Other		□Other		TOther			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing four Florida Department of State Annual Report form.  12. 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 8.817.155, F.S.

Randall Smith, President



# STATE OF IDAHO

Lawerence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

September 10, 2020

Request Type: Certificate of Existence/Filing

Request #:

0004001545

Receipt #:

000381291

Regarding:

NORTHCON, INC.

Filing Type:

General Business Corporation (D)

Formation/Qualification Date: 07/18/2000

Status:

Active-Good Standing

**Duration Term:** 

Perpetual

411816

Formation Locale: IDAHO

Issuance Date: 09/10/2020

Copies Requested:

Inactive Date:

File #:

### Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

## NORTHCON, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

1:9:1

Processed By: Business Division Verification #: 009039425

Phone: 208-334-2301 \* Email: business@sos.idaho.gov \* Website: sosbiz.idaho.gov



# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2020

ERIK PANKE 10615 N GOVERNMENT WAY COEUR D'ALENE, ID 83835 US

SUBJECT: NORTHCON, INC. Ref. Number: W20000098186

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

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: 320A00016685

Thurleyor

- Erik Park

208-772-6

www.sunbiz.org