# F95000000 3980

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: The National H.B.P.A. Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Scott Savin (Name of Person)	3000001: -08/17/950 *****70.00	5621 1007! *****	363 003 70.00
The National H.B.P.A., Inc. (Firm/Company)			
20801 Biscayne Boulevard, Suite 426 (Address)	95 286 16	LINESCOS LINES	X.1
Aventura, Fl. 33180 (City/State/Zip)	F#12: 23		

Should you need to call someone concerning this matter, please call:

Scott Savin
(Name of Person)

at (305)933-0023 (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 604, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

The National III', , Inc.		
(Name of corporation: must include the word "INCORPO abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pr	RATED", "COMPANY", "CORPORATIO icate that it is a corporation instead of a naticescent.)	N" or words or ural
2. Mnryland (State or country under the law of which it is incorporated)	3. <u>52-1789171</u> (FBI number, if appli	icable)
(Date of Incorporation)	5. porpetual (Duration: Year corp. will cease to exi	ist or "perpetual")
5. upon qualification (Date first transacted business in Florida. (SEE SECTIO	NS 607.1501, 607.1502, AND 817.155, F.S.	)
7. 20801 Biscayne Boulevard, Sui	te 426	
Aventura, FL 33180		
(Current mai	ling address)	
Rorsemen's Service Organization (Purpose(s) of corporation authorized in home state or cour Florida)	ntry to be carried out in the state of	
<ol> <li>Name and street address of Florida registere acceptable)</li> </ol>	d agent: (P.O. Box or Mail Drop	Box NOT
Name: Scott Savin		5
Office Address: 3757 NE 208 Terrace		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Aventura	, Florida , 33180	<u> </u>
0. Registered agent's acceptance:	(Elp Code)	
11. Attached is a certificate of existence duly auth delivery of this application to the Department official having custody of corporate records in	If further agree to comply with the rformance of my duties, and I am for the tered agent.  Cont's signature)  enticated, not more than 90 days processed.	provisions of amiliar with
incorporated.		

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

A. DIREC	Trons (Street address only- P. O. Box NOT acceptante)
Chairman: <u>1</u>	fr. Ed Hagan
Address:	20133 NE Broadway Court, Troutdale, OR 97060
Vice Chairm	nan:nong
Address:	
Director: _	Mr. Kont Stirling
Address:	8301 NW 19th Stroot
	Pembroko Pines, FL 33024
Director:	Mr. Rick Hilos
	4211 Southern Parkway
	Louisvillo, KY 40214
B. OFFIC	ERS (Street address only- P. O. Box NOT acceptable)
_	Mr. Melvyn Bowman
Address:	95 West Pine Street
_	Palmyra, PA 17078
Vice Preside	ent: none
Address:	
Secretary: .	Mr. Scott Savin
Address: _	3757 NE 208 Terrace
	Aventura, FL 33180
Treasurer:	Mr. Scott Savin
	3757 NE 208 Terrace, Aventura, FL 33180
NOTE: If officers and	necessary, you may attach an addendum to the application listing additional for directors.
13	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(3	•
14	Scott Savin, Secretary/Treasurer (Typed or printed name and capacity of person signing application)

## STATE OF MARYLAND

384572

### STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, LEAH HAMM-CURRY OF THE STATE DEPARTMENT OF ASSESSMENTS AND. TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE NATIONAL HBPA, INC.

IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

SECRETARY OF STATE OF MISSION OF STATE OF STATE



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 14TH DAY OF AUGUST, 1995.

LEAH-HAMM-CURRY OFFICE SUPERVISOR I'I

AT5-031