F95000004268

TO Qualification/Tax Lien Section Division of Corporations

SUBJECT: National Analog, Inc. (Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tran Florida", "Certificate of Existence", and check are submitted to register the a foreign corporation to transact business in Florida.	isact Business in above referenced
Please return all correspondence concerning this matter to the following:	
Douglas Kent Mitchell (Name of Person)	
(Maine of Person)	
National Analog, Inc.	TALLEY SES
(Firm/Company)	
	\$4.07 Consts
	COST TO COMME
921 S.E. 20th Street	rii-4 jaties
(Address)	
77	S
Fort Lauderdale, Florida 33316	꽃은 않
(City/State/Zip)	70
Should you need to call someone concerning this matter, please call:	
one year need to east someone concorning this matter, prease can.	
Douglas Kent Mitchell at (305)	523-8225
(Name of Person) (Area Code & Daytin	ne 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

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	National Analog, Inc.					
	(Name of corporation: must include the word "INCORPOF abbreviations of like import in language as will clearly indiceperson or partnership if not so contained in the name at pre-	ATED", "(sate that it is sent.)	COMPANY", "CORPORA" s a corporation instead of a	'ION" or natural	words	or
2	. Rhode Inland	3	05-0479538			
(State or country under the law of which it is incorporated)			(FEI number, if applicable)			
4.	July 22, 1994	5	Pernatua 1			
	July 22, 1994 (Date of Incorporation)	(Duratio	on: Year corp. will cease to	exist or "	perpet	ual")
	Suptember 1, 1995 . (Date first transacted business in Florida. (Set sections)					
	(Date first transacted business in Florida, (SEE SECTIONS	607.1301	, 607.1502, AND 817.155, F	<u>.sp m</u>	<u>G</u>	
_					SEP	u i
7.	921 SE 20th Street			_ ३५ छ। । । । ।	<u> </u>	e p. 9.481
				(1)		1 1
	Fort Lauderdale, FL 33316	1 1			==	177
	To manufacture, buy, sell, deal in, and	g address) carry (on the business of	manufa	co regija	ing
Q	buying, selling, and dealing in products conditioning and for any other lawful p	for he	eating, ventilating	3. Ańd	air	
	(Purpose(s) of corporation authorized in home state or country	to be carr	ied out in the state of			_
	Florida)					
9.	Name and street address of Florida registered acceptable)	agent: (P.O. Box or Mail Dro	p Box <u>I</u>	<u>TOY</u>	
	Name: Dennis M. Boyce, Esq.					
Of	fice Address: 105 S. Narcissus Ave., #702					
	West Palm Beach	Fl	orida 33401			
10	West Palm Beach Registered agent's acceptance:	, , • • •	(Zip Code)			
	•					
all	ving been named as registered agent and to accep poration at the place designated in this application istered agent and agree to act in this capacity. If statutes relative to the proper and complete perform I accept the obligations of my position as registered	urmer ag mance a	ree to commiv with thi	nrovis	denne.	of
	(Registered agent)	s signature				
	Attached is a certificate of existence duly authentidelivery of this application to the Department of S official having custody of corporate records in the incorporated.	cated, no	ot more than 90 days ponds for the control of the c	or other	s	

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Douglas Kent Mitchell Address: 1535 S.E. 15th Street, Fort Lauderdale, FL 33316 Vice Chairman:_____ Address: _____ Director: Address: Director: _____ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: <u>Douglas Kent Mitchell</u> Address: 1535 S.E. 15th Street, Fort Lauderdale, FL 33316 Vice President: Address: TARY O Secretary: _____ Address: _____ Treasurer: _____ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

14. Douglas Kent Mitchel, Chairman, President



State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

I, James R. Langevin, Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFY that

NATIONAL ANALOG, INC.

a Rhode Island corporation, filed original articles of Incorporation in this office on the twenty-second day of July A.D., 19 94;

I FURTHER CERTIFY that said corporation is now of record and in good standing in this office.

IN TESTIMONY WHEREOF, I have — I hereunto set my hand and affixed the seal of the State of Rhode Island this twenty-second day of August A.D., 19 95

James R Langevin.
Secretary of State

By James Guing
Acting Deputs Secretary of State