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1 RANSWII I I A	L LETTER		
To: Qualification/Tax Lien Section Division of Corporations			
SUBJECT: N'DUSTRIES INC.			
	on - must include suffix)		
•			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to 1 transact business in Florida.	Authorization to Transact Business in Florida", register the above referenced foreign corporation to		
Please return all correspondence concerning this matter	to the following:		
A. DENISE NEIGHLORS (Name of	FPerson)		
(Name of	r Person)		
N'DUSTRIES INC.			
(Firm/Co	mpany)		
4213 MARINER BLUD.	± 177		
(Add	ress) $201/14$		
50 × 1/11 F1 24	1.00		
SPRING HILL FL. 34 (City/Sta	609		
(City/St	ne/Zip)		
Should you need to call someone concerning this matter	10002347731— or, please call: 10002347731— -11/14/97—01084—001 *****78.75 *****78.7		
A. DENISE Neighbors at (352	848-0159		
	Code & Daytime Telephone Number)		
(GR)(352) 544 - 0320			
COURIER ADDRESS:	MAILING ADDRESS:		
Qualification/Tax Lien Section	Qualification/Tax Lien Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
409 E. Gaines St.	P.O. Box 6327		
Tallahassee, FL 32399	Tallahassee, FL 32314		
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
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Tallallassee, FL 32399	icd not bind		
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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. N'DUSTRIES, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. RENO NEVADA

(State or country under the law of which it is incorporated)

3. 59-3474817

(FEI number, if applicable) 4. SEPT. 24, 1997
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual") 6. LIPON STATE ACCEPTANCE OF APPLICATION

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4213 MARINER BLVD SUITE 172 SPRING HILL FL. 34609 15272 CENTRALIA Rd. BROOKSVILLE, FL. 34614
(Current mailing address) 8. 10 CONDUCT ANY MANIFUL BUSINESS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: A. DENISE NEIGHBORS SPRING HILL, FL , Florida, 34609 Office Address: 4213 MARINER BLUD. # 172 10. 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) 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

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

of which it is incorporated.

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

A. DIRE	CTORS (Street address only - P.O. Box NOT acceptable)			
Chairman	·			
Address:				
_				
Vice Chai	rman:			
11441033.				
-	<u> </u>			
Address:				
			<u> </u>	
Director:	<u> </u>	9	<u> </u>	
Address:		<u> </u>	SEC	
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)			
President:				
Address:		ū	ं के हमीह इंकेट	
Vice Presi	dent: A. Denise Neighbors			
	15272 CENTRALIA ROAD			
	Parkentla CL 2 ALIA			
Secretary:		-		
Address:				
Treasurer:				
Address:				
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
12 V A Joseph Marie Day 1				
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	· ·		
14. <u>A</u> .	DENISE NEIGHLORS			
(Typed or printed name and capacity of person signing application)				



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **N'DUSTRIES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 24, 1997, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on November 12, 1997.

Secretary of State

Certification Clerk

Bv