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Requestor's Name				
Tallahassee, Florida 32301				
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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:

1	NLS INVESTMENTS, INC	•			Q	
1.	(Name of corporation: must incl words or abbreviations of like in natural person or partnership if	nport in language as will clo	arly i	ndicate that it is a cor	poration instead of a	4 48
2.	Delaware (State or country under the law		3	Applied for		composition of PM 1:27
	(State or country under the law	of which it is incorporated)		( FEI nu	mber, if applicable)	1:27
4.	October 28, 1996 (Date of Incorporation	2	5.	Perpetual		
	(Date of Incorporation)		Œ	uration: Year corp. v "perpetual")	vill ccase to exist or	_
6.	(Date first transacted busine	: fication	<u>.</u>			
	(Date first transacted busine	ss in Florida. (SEE SECTIONS	607.	1501, 607.1502, AND	817.155, F.S.)	
7.						
	13 Country Road West,	Boynton Beach, Flo	rida	33436		
		(Current mailing	addre	is)		•
	<b>-</b> i.e.					
8.	Investments (Purpose(s) of corporation auth	Orized in home onto on car		he comind our in the	arasa of Florida	<del></del>
9.	Name and street address of acceptable)		-			
	Name:	C T Corporation System				
	Office Address:	1200 South Pine Island Ros	d			
		Plantation		. Florida	33324	
10.	Registered agent's accept	ance:		, Florida,	(Zip Code)	<u> </u>
cor reg all and	ving been named as registed poration at the place destistered agent and agree to a statutes relative to the proper accept the obligations of many continues of the proper accept the obligations of many continues and accept the obligations of the property	gnated in this applicated in this capacity. I fiver and complete performs position are elistered	ation urthe man agei	I hereby accept agree to comply ce of my duties, and the large of the	nt the appointme with the provision and I am familian	nt as ons of with
11.	Attached is a certificate of a delivery of this application to official having custody of coincorporated.	o the Department of St	atc. b	y the Secretary of	State or other	·

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) Neil L. Smith Chairman: 13 Country Road West Address: \_ Boynton Beach, Florida 33436 Vice Chairman: Address: \_\_\_\_\_ Director: \_\_\_ Address: Director: \_ Address: \_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Neil L. Smith Address: 13 Country Road Wast, Boynton Beach, Florida 33436 Vice President: Address: Secretary: Neil L. Smith Address: 13 Country Road West, Boynton Beach, Florida 33436 Treasurer: 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)

FI 019 - CT System Online

13.

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NLS INVESTMENTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAX HAVE NOT BEEN ASSESSED TO DATE.

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