

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: North American Cable Equipment, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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: Matthew Pygh BOO (Name of Person)	1003075 -12/20/990 *****87.50	5385 1113-009 *****87.50
North American Cable Equipme	nt, Inc.	
893 S. Matlack Street #170		
West Chester: PA 19382 (City/State/Zip)		

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

Matthew Rygh at (6/0) 429-1020 (Area Code & Daytime Telephone Number):

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status MAILING ADDRESS:

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

☐ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

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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. North American Cable Equipment, 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.)	٠.
2. Pennsylvania 3. 23-2692/18 (State or country under the law of which it is incorporated) 4. 6/19/1992 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to existor "perpetual")	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 6/19/1992 5. Perpetual (Duration Vest com will cease to exister "perpetual")	-
(Date of incorporation) (Duration: Year corp. will cease to existor "perpetual")	
NA	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	:
2893 S. Matlack St. #170	
7. 893 S. Matlack St. #170 West Chester PA 19382	
(Current mailing address)	
8. Distribution (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: Gene KALISH	-
11/22201	5 .
Office Address: 5415 N.W. 29th X BAY 102	o
MANGATC , Florida, 33063) TI
(Zip code)	>
· · · · · · · · · · · · · · · · · · ·	
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 design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anothe obligations of my position as registered agent.	ompry
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(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 Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the	ne law of

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

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: Ed Sager Go Mentor Capital Varthers	
Address: 570 Nottingham Drive	γ4ε - · · · · ·
Yardley, PA 19067	· • · · · ·
Vice Chairman: N/A	. 1 .
Address:	- <u>1</u> <u>2</u>
Director: NA	
Address:	
	1-1-
Director:	
Address:	÷
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Aaron Start	2.
Address: 1704 New Market Court	
West Chester PA 19382	E E TE
Vice President: Lawrence luto	<u>.</u> ‡: -=
Address: 193 Heritage Lane	- 1
Exton, PA 19341	-
Secretary:	- - <u>-</u> - ::::
Address:	- - :
Treasurer:	- ; .
Address:	' -
Addiess.	÷. − ₁
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	* \$ = 1+ tm
NOTE: If necessary, you may attach an attachdant to the approximent hours attached to the approximent hours.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	<u>-</u> ∮ . <u>⊾</u> r
1. a Starr Dresident	- ;
(Typed or printed name and capacity of person signing application)	

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 14, 1999

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NORTH AMERICAN CABLE EQUIPMENT, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

DPOS