| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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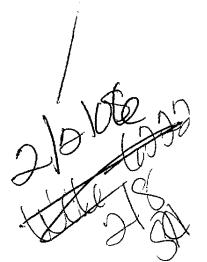
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ALLAMASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

ANTHONY NOHRA 808 BRICKELL KEY DR SUITE 2405 MIAMI, FL 33131

SUBJECT: NTC, INC.

Ref. Number: W06000006222

We have received your document for NTC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 106A00009377

Suzanne Hawkes Document Specialist New Filing Section

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: NTC, INC. | | | |
|---|---------------|--|--|
| (PROPOSED Co | | NAME - MUST INCL | |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of State | tus | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: ANTHONY NOHRA | | | |
| 808 BRICKELL K | KEY DR | inted or typed) SUITE 2405 Iress | |
| MIAMI ,FLORIDA | | ite & Zip | |
| 305-877-7556 | Daytime Teler | phone number | |

NOTE: Please provide the original and one copy of the articles.

| ARTICLE I NAME | |
|--|---------------------|
| The name of the corporation shall be: | ^ |
| NTO, THE NTC For Import and wholes | ide Inc. |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 808 BRICKELL KEY DRIVE SUITE 2405 MIAMI FLORIDA 33131 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | . 0 |
| WHOLESALE, RETAIL, IMPORT. | 超 四 五 |
| ARTICLE IV SHARES | FILED W 2: 01 |
| The number of shares of stock is: | |
| 1000 | 田公 |
| List name(s), address(es) and specific title(s): ANTHONY NOHRA PRESIDENT & SECRETA 808 BRICKELL KEY DR SUITE 2405 MIAMI FLORIDA 33131 | ARY |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re Anthony No hay 808 V Rickell Key Pr Suite 2405 Miami FL, 33131 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | egistered agent is: |
| ANTHONY NOHRA | |
| 808 BRICKELL KEY DR SUITE 2405 | |
| MIAMI FLORIDA 33131 | |
| ************************************** | ********* |
| Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to | |
| | , |
| | } |

suboff winder &

Signature/Incorporator

02-02-2006

Date