## TRANSMITTAL LETTER

# P97000051708

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



SUBJECT:	Request Domestication	Request Domestication of North Atlantic Business Corporation							
	(Proposed corporate name - must include suffix)								
		÷							
			80000221 -06/10/91 ****172.	701008008					
Enclosed is an o	original and one(1) copy of the articles	of incorporation and a	check for:	- · - · - ·					
□ \$70. Filing F		\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate						
			T REQUIRED						
FROM: Wolfgang W. Laurisch Name (Printed or typed)  2666 Bob White Circle									
									A
	City,	City, State & Zip							
	( 904 ) 939-9722	2							

F. C. LEDWICK JUN 1 1 1997

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

Daytime Telephone number



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

NORTH ATLANTIC BUSINESS CORPORATION



#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2666 Bob White Circle Navarre, FL 32566

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

20

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Wolfgang W. Laurisch 2666 Bob White Circle Navarre, FL 32566

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Wolfgang Faurisch 2666 Bob White Circle Navarre/FL 32566

Juni- 06 - 1997

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby gracept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating frine proper and complete performance of my duties, and I am familiar with and accept the obligations of myposition by fifty and agent

Juni - 06 - 1997

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Signature/Registered Agent

Date

# Florida Department of State, Sandra B. Mortham, Secretary of State

## CERTIFICATE OF DOMESTICATION

- Th	e undersigned.	Wolfgang	W. Laurisch	Preside	nt	PEC	ير اير	,
	• a,		(Name)		(Title)	E.	Z	=
of	NORTH AT	LANTIC BU	SINESS CORPORAS	rion	a foreigr	٠٠٠٠ تا Corpor	ation <sub>b</sub>	LEI
	,		oration Name)		0	س آسر	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
				)1 does hereby certify:		ORIDA		ŗ.
1.	The date on v	which corpora	ation was first formed	was Sept. 02		, 19 <u></u> 9	4	· ·
2.	•		above named corpora	ations was first formed	, incorporate	d, or oth	erwise	e
	came into oc	ang was						•
3.		-	on immediately prior	to the filing of this Ce	rtificate of D	omestica	tion	
4.	The name of	the corporation	on, as set forth in its a	articles of incorporatio	n, to be filed	pursuan	t to	
	ss. 607.020	2 and 607.040	01 with this certificate	e is				
	NORTH A	TLANTIC B	USINESS CORPORA	TION			·	
5.	administration immediately	on of the corp	oration, or any other of the Certificate	social principal place equivalent thereto und e of Domestication wa	er applicable			. •
_				TO DUCTNESS CO		<u>-</u>		_
1	am <u>Preside</u>	<u>nt</u> , o	NORTH ATLAN	ric Business Col	KPOKATION			-
aı	nd am authoriz	ed to sign this	s certificate of Domes	stication on behalf of t	he corporatio	n a <b>nd</b> ha	ve do	ne
s	this the <u>06</u>	_day of _Ju	ini		19	<u>97</u>		
			Authorize	ed Signature)				
			Filin	ig Fee:				
			ate of Domestication		\$50.00			
			of Incorporation an		\$122.50 \$172.50			