FOI 000002963

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: N.317AR TNC
(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: 500043343354 -05/30/0101058-006 ******78.75 ******78.75
(Name of Person)
N.317AB.INC.
(Firm/Company)
429 S TYNDALL PKWY SUITEL
(Address)
Panama City FL 32404
(City/State and Zip code)
For further information concerning this matter, please call:
Vicki Hammack at (850) 914-0002 (Name of Person) (Area Code & Daytime Telephone Number)
F61-2963
Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status

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. N317AR 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. DELEGIARE (State or country under the law of which it is incorporated) 3. 59-3689134 (FEI number, if applicable)
4. DEC 76, 2000 5. PERPETUAL (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
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7. 429 5 TYNDALL PKWY SUITE L PANAMA CITY FL 32 (Principal office address)
(Current mailing address)
8. 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: JAMES A. BLACK, ITT
Office Address: 429 5 TYNDALL PKWY SUITEL
PANAMA CITY , Florida 32404 City (City) (Zip code)
(City) (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

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 law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: James A Black-TH
Address: 5219 Melissa Drive
Panama City FL 32404
Vice Chairman: Bandall G. Ryshe
Address: 8206 Palm Cove Blud
Panama City Beach FL 32408
Director: DAVID 1. C.AIIOUJAU
Address: 3466 Scout (ake Cane)
Ovieda, FL 32765
Director:
Address:
The state of the s
B. OFFICERS
President:James A. BLACK TIT
President: James A. BLACK, TIT Address: 5219 Melissa DRIVE
Panama City, FL 32404
Vice President:
Address:
Secretary: Bondall G. Rushe
Address: 8206 Palm Cove Blun, P.C. B, FL 32408
Treasurer: DAVID L. CALLOWAY
Address: 3416 Scout CAKE CANG Oviedo, FL32765
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. James A. Black TII (Typed or printed name and capacity of person signing application)
(2) you or printed hame and capacity of person signing application)

State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "N317AR, 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 THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2001.



Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1133999

DATE: 05-15-01