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(Re	equestor's Name)	
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W06-11043

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: North Wind, In	C -
(Name of corporation	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," and check are submitted to reg transact business in Florida.	
Please return all correspondence concerning this matter to	the following:
Lori Williamson (Name of Pr	
(Name of Po	erson)
North Wind, Inc.	
(Firm/Comp	pany)
P.O. Box 51174	
(Addres	s)
Idaho Falls, ID 83	
(City/State and	I Zip code)
For further information concerning this matter, please call	
Lori Williamson at (208)	557-0824
(Name of Person) (Area Co	de & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2006

LORI WILLIAMSON PO BOX 51174 IDAHO FALLS, ID 83405

SUBJECT: NORTH WIND, INC. Ref. Number: W06000011043

We have received your document for NORTH WIND, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

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) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 106A00015844

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 Wind Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
North Wind Environmental	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. <u>Alaska</u> 3. <u>91-1814578</u>	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. April 2, 1997 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6 ~ July 1, 2005	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
1425 Higham St. Idoho Falls, ID 83402	_
7. 1425 Higham St. Idaho Falls, ID 83402 (Principal office address)	91
P.O. Box 51174 Idaho Falls ID 83405	D
(Current mailing address)	SE(
8. <u>environmental + engineering Consulting</u>	黑
(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 NOT acceptable)	
Name: Dove Villane	ALION
Office Address: 13 Memorial Parkway, Suite 101	<i>&</i>
Ft. Walton Beach, Florida 32569	
(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. I 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.

(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 law of which it is incorporated.

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

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A. DIRECTORS	•	
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		,
B. OFFICERS		
President: Sylvia Medina		
· · · · · · · · · · · · · · · · · · ·		<u> </u>
Address: PO BOX 51174		ວ ⊆ .
Idano Falls, ID 83405		N CHECK
Vice President: Charlie Marcinkowitz	7	り、外が
Address: Same as alonge		<u>. S</u> ≾
Address:		2 70 F
	_	
Secretary:	+	3 156 156 157
Address:	landa kalan a	
Treasurer: Brad Trost		
Address: Same as above		
NOTE: If necessary, you may attach an addendum to the application l	listing additional officers and/or directors	
5.1. 1 10	noting additional officers allow diffectors	
13. (Signature of Director or Officer listed in number	-	<u></u>
14. Sylvia Medina (Typed or printed name and capacity of person	n signing application)	

Alaska Entity # 60657D

State of Alaska Department of Commerce, Community, and Economic Development

CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

NORTH WIND, INC.

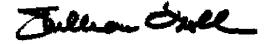
on the 2nd day of April, 1997 filed in this office its Articles of Incorporation, as a Business Corporation organized under the laws of this state.

I FURTHER CERTIFY that said Business Corporation is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 7th day of February, 2006.



William C. Noll Commissioner

Certification Number: 104494-1

Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp

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