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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

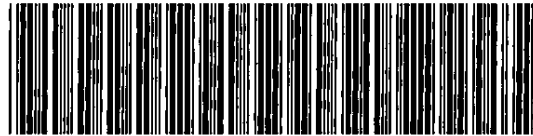
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE AUG 24 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NETWORK ACCESS CONSULTING, 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:

TODD MITCHELL

(Name of Person)

BRUNSON, WILKERSON, BOWDEN & ASSOCIATES, P.C.

(Firm/Company)

P.O. BOX 311710

(Address)

ENTERPRISE, AL 36331-1710

(City/State and Zip code)

For further information concerning this matter, please call:

TODD MITCHELL

(Name of Person)

at (334) 347-9509

(Area Code & 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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. NETWORK ACCESS CONSULTING, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ALABAMA 3. 63-1285327
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 8, 2001 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3095 HARTFORD HIGHWAY, DOTHAN, AL 36305
(Principal office address)

P.O. BOX 9401, DOTHAN, AL 36304
(Current mailing address)

8. NETWORK CONSULTING
(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: CHUCK KELLEY

Office Address: 4500 KINGFISH LANE, UNIT. 4189

PANAMA CITY BEACH, Florida 32408
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHUCK KELLEY

Address: 525 EDINBURGH WAY

DOTHAN, AL 36305

Vice President: CHUCK KELLEY

Address: 525 EDINBURGH WAY

DOTHAN, AL 36305

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. CHUCK KELLEY, PRESIDENT

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
MONTGOMERY, ALABAMA
MONTGOMERY, ALABAMA

Nancy L. Worley
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Network Access Consulting, Inc. incorporated in Coffee County, Enterprise, Alabama on October 16, 2001. I further certify that the records do not disclose that said Network Access Consulting, Inc. has been dissolved.

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SECRETARY OF STATE
MONTGOMERY, ALABAMA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

August 10, 2006

Date

A handwritten signature in cursive script, reading 'Nancy L. Worley'.

Nancy L. Worley

Secretary of State