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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

Nomad Support Services Inc.

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**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. Nomad Support Services 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. Delaware 3. 20-4659370
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/6/2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2200 S. Courtenay Pkwy, Merritt Island, Florida 32952
(Principal office address)
- 2200 S. Courtenay Pkwy, Merritt Island, Florida 32952
(Current mailing address)

8. All Lawful Business
(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: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd, Suite 101

Tallahassee, Florida 32301-2960
(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.

M. Deep
(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: Yon Haberberger

Address: 2200 S. Courtenay Pkwy, Merritt Island, Florida 32952

Director: _____

Address: _____

B. OFFICERS

President: John Soper

Address: 456 Hampton St. NW, Calabash, North Carolina 28467

Vice President: Steven Haberberger

Address: 2200 S. Courtenay Pkwy, Merritt Island, Florida 32952


Secretary: Yon Haberberger

Address: 2200 S. Courtenay Pkwy, Merritt Island, Florida 32952

Treasurer: Yon Haberberger

Address: 2200 S. Courtenay Pkwy, Merritt Island, Florida 32952

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

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

14. John Soper, President
(Typed or printed name and capacity of person signing application)

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Delaware

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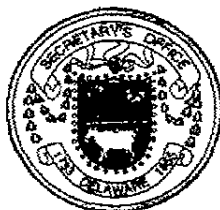
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOMAD SUPPORT SERVICES 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 TWELFTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4138132 8300

060842629



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5035664

DATE: 09-12-06