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SECRETARY OF STATE
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COVER LETTER

| TO: | New Filing Section Division of Corporations | | |
|---------|--|--|--|
| SUBJ | ECT: National Professional | | |
| | (Name of Corpora | tion – must include suffix) | |
| Dear S | ir or Madam: | , | |
| Affairs | aclosed "Application by Foreign Not for Profesion Florida", "Certificate of Existence", and profit corporation to conduct its affairs in F | check are submitted to regis | |
| Please | return all correspondence concerning this m | atter to the following: | |
| Τe | ennie Sedlacek | | |
| | (Name | of Person) | |
| | Incorp Services, Inc. | | |
| | | Company) | 755 9 7 |
| | 315 E. Patrick Lane, | Suite 1 | LANA 3 |
| | | | SSE O |
| | (Ac | ldress) | |
| | Las Vegas, NV 8912 | 0-3481 | PATE 36 |
| | (City/State | and Zip Code) | |
| For fur | rther information concerning this matter, plea | ase call: | |
| Ter | nnie Sedlacek (Name of Person) at | (702) 866-268 (Area Code & Daytime Te | |
| | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | New Filing S Division of C Clifton Build | corporations ing ve Center Circle |
| Enclos | sed is a check for the following amount: | | |
| \$70. | .00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| THE STATE OF FLORIDA: | |
|---|-----|
| 1. Notional Professional Exchange, The (Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) | |
| 2. Nova do (State or country under the law of which it is incorporated) 3. 20-530(007/ (FEI number, if applicable) | |
| 4. Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") | |
| 6. Unite first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) | |
| 7. 25926 Cha-ffee Ct. (Principal office address) | |
| Mechanicsvilles MD 20659 (Current mailing address) | |
| 8. Covid Contraction & (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) | 31 |
| (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Incorp Services Inc Office Address: 17888 67th Count North Loxahatchee Florida 33470 (Circ) (Zin Code) | , m |
| Name: Incorp Services Inc | T |
| Office Address: 17888 67th Court north | - |
| LOXAHATCHEE Florida 33470 (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. | , |
| Incorp Lervices In By Jenne Sedlaced C.O.O. (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 addresses of officers and/or directors: A. DIRECTORS Chairman |
|---|
| A. DIRECTORS |
| Chairman: 9.36 |
| Address: |
| Vice Chairman: |
| Address: |
| |
| Director: Shakon Bell |
| Address: 25926 Chaffee Court = |
| Mechanicsville, MD 20659 |
| Director: |
| Address: |
| |
| B. OFFICERS |
| Address: 3155 E. Patrick Lane, Stel |
| Jas Vagas NV 89120-348 |
| Vice President: |
| Address: |
| |
| Secretary: Tim Bell |
| Address: 3155 E. Patrick fane Stel Las Vegas/NV89/20-348/ |
| Treasurer: Martin Fair Cloush |
| Address: 3155E. Patrick France Stel has Vegan 898038 |
| 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. Shakon Bell Manasing Difector. (Typed or printed name and capacity of person signing application) |

STATE OF NEVADA

ROSS MILLER
Secretary of State



1

SCOTT W. ANDERSON

Deputy Secretary

for Commercial Recordings

DOUG ANSELL 3155 E. PATRICK LANE SUITE 1 LAS VEGAS, NV 89120-3481 April 25, 2007

Job

C20070425-1263

Number:

Job Contents:

Web Certificate of Good Standing

Short(s):

Special Handling Instructions:

O7 APR 30 AM 9: 36
SECRLIARY OF STATE
ANNASSEE, FLORIDA

DOUG ANSELL 3155 E. PATRICK LANE SUITE 1 LAS VEGAS, NV 89120-3481



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, NATIONAL PROFESSIONAL EXCHANGE, INC., as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 19, 2006, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20070425-1263
You may verify this electronic certificate
online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 25, 2007.

ROSS MILLER Secretary of State O7 APR 30 AM 9: 36
SECRETARY OF STATE