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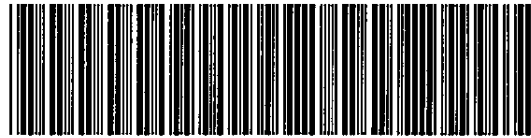
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 2007

T. Burch MAY 15 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Native American Services Corp (NASCO)
(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:

Kenneth Mayer
(Name of Person)
NASCO
(Firm/Company)
201 K Street P.O. Box 489
(Address)
Smelterville ID 83868
(City/State and Zip code)

For further information concerning this matter, please call:

Katie Waechter at (208) 783-0361
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2007

KENNETH MAYER
P O BOX 489
SMELTERVILLE, ID 83868

SUBJECT: NATIVE AMERICAN SERVICES CORP
Ref. Number: W07000020771

We have received your document for NATIVE AMERICAN SERVICES CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6928.

Tim Burch
Document Specialist

Letter Number: 907A00029451

**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. Native American Services Corp
(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. State of Montana 3. 84-1449170
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/1998 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 201 "K" Street Smelterville IDAHO 83868
(Principal office address)
P.O. Box 489, Smelterville, IDAHO 83868
(Current mailing address)

8. Contracting Business Expanding to include Florida Areas
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

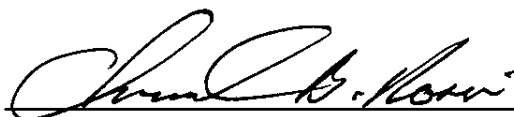
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Charles Rossi

Office Address: 767 Blinding Blvd. Suite 106
ORANGE PARK, Florida 32065
(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: Matthew James

Address: P.O. Box 489

Smelterville, ID 83868

Vice President: Dennis Sheppard

Address: P.O. Box 489

Smelterville, ID 83868

Secretary: Kenneth Mayer

Address: P.O. Box 489 Smelterville, ID 83868

Treasurer: Kenneth Mayer

Address: P.O. Box 489 Smelterville, ID 83868

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

13. Kenneth Mayer, CFO, Secretary
(Signature of Director or Officer listed in number 12 of the application)

14. Kenneth Mayer, CFO
(Typed or printed name and capacity of person signing application)

**SECRETARY OF STATE
STATE OF MONTANA**

CERTIFICATE OF EXISTENCE

I, Brad Johnson, Secretary of State of the State of Montana, do hereby certify that

NATIVE AMERICAN SERVICES CORP.

duly filed its Articles of Incorporation in this office on 24 February 1998, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 25 April 2007 .

Brad Johnson

BRAD JOHNSON
Secretary of State

Certified File Number: D093714

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LEAHASSEE, FLORIDA

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