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•
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Native American Conve	eyor, Inc.
	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this n	natter to the following:
Stanley Johnson	
(Na	me of Person)
Native American Conveyor, Inc.	
(Fir	m/Company)
2228 S 78th St	
•	(Address)
Tacoma WA 98409	
(City/s	State and Zip code)
For further information concerning this matter, ple	ease call:
Stanley Johnson at (2	53 <sub>)</sub> 973-2476
(Name of Person) (A	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 & \$87.50 Filing Fee, Certified Copy 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.

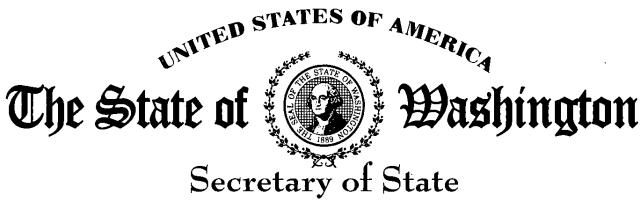
1. Native Americ	an Conveyor, Inc.				
(Enter name of o	corporation; must inclu Corp," "Inc," "Co," or "(	de "INCORPORATEI Corp.")	)," "COMPAN	Y," "CORPORATION;	THE TOTAL OF THE PARTY OF THE P
(If name unavail	lable in Florida, enter a	iternate corporate nam	e adopted for th	e purpose of transacting busi	ness in Florida)
2. Washing	aton	3	159 - اول	52110	GE F
(State or country	under the law of which			(FEI number, if applicable	)
4. Chuan	4 25, 2008	5	. Denoes	tual	
(Date	of incorporation)		(Duration: Y	ear corp. will cease to exist	or "perpetual")
6					
		rst transacted business		ior to registration) etermine penalty liability)	
- 7779 5	OSH CL	Tacana	1	Refinition penalty hability)	
7. <u>00000 0</u>	10,4 24	(Principal office ad	dress)	78404	
2226	MX+P LT	Tacan	΄	98409	
9990 D	10 01	(Current mailing ad		10-10-1	
8. Qui Pont	conversion author	INST CUIQTION	Sountry to be car	rried out in state of Florida)	· .
9. Name and stree	et address of Florida i	registered agent: (P.	O. Box NOT	acceptable)	
Name:	NRAI Services, Inc	· ·		• •	
	0701 Evention De				
Office Address:	2731 Executive Pa	rk Dr., Ste 4	·		
	Weston		, Florid	a 33331	
		(City)	·	(Zip code)	
Having been nam designated in this further agree to c	application, I hereby	y accept the appoint sions of all statutes	ment as regist relative to the	for the above stated corpo ered agent and agree to a proper and complete perf stered agent.	ct in this capacity. I
1	IRAI Services, Inc.				

(Registered agent's signature)
Christian Eubanks, Assistant Secretary

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 direc
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A. DIRECTORS FILED
Chairman: Stanley Johnson
Address: 2228 S 78th St 2009 APR 18 P 4: 24
Tacoma WA 98409 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman: Paul Wiggins
Address: 2228 S 78th St
Tacoma WA 98409
Director: Wyatt Allen
Address: 2228 S 78th St
Tacoma WA 98409
Director: Stan Efferding
Address: 2228 S 78th St
Tacoma WA 98409
B. OFFICERS
President: Wyatt Allen
Address: 2228 S 78th St
Tacoma WA 98409
Vice President: Paul Wiggins
Address: 2228 S 78th St
Tacoma WA 98409
Secretary: Stan Efferding
Address: 2228 S 78th St Tacoma WA 98409
Treasurer: Stan Efferding
Address: 2228 S 78th St Tacoma WA 98409
NOTE: If necessary you may attach are addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. Stanley Johnson  (Typed or printed name and capacity of person signing application)



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

### NATIVE AMERICAN CONVEYOR, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/25/2008.

I FURTHER CERTIFY that as of the date of this certificate, NATIVE AMERICAN CONVEYOR, INC. remains active and has complied with the filing requirements of this office.

Date: April 3, 2008

UBI: 602-797-001

- 37.27

Given under my hand and the state of Washington at Olympia, the tale capital

Sam Reed, Secretary of State

