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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 a	ımount:				,
□ \$70.00 Fil	ing Fee	□ \$78.75 Fi Certificat	ling Fee & te of Status	-	Filing Fee & ed Copy	C	37.50 Filing Fee, tertificate 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") N2 (Confraction, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) SAME (Current mailing address) (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: 75 GULFSHORE DR. UNIT 2137 ESTIN, Florida 32541 Office Address: 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.

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.

(Registered agent's signature)

12. Names'and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ___ Vice Chairman: Address: ___ Address: Director: Address: **B. OFFICERS** President: MATTHEW D. FRESSEZ GULFSHORE Dr. UNIT ZI37 DESTIN, FL 32541 SAME Vice President: Address: __ Secretary: Address: SAME Treasurer: SAME Address: SAME NOTE: If nocessary, you may attach an addendum to the application listing additional officers and/or directors.

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

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

Control No. K419719

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

N2, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 08/04/1994 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 13th day of June, 2010

B: 1.h-

Brian P. Kemp Secretary of State

Certification Number: 5980037-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address) ONSTRUCTION CONTRACTOR (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: GULFSHORE Dr. UNIT 2137 Office Address: 10. Registered agent's acceptance:

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A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
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B. OFFICERS
President: MATTHEW D. FRESSEZL
Address: 775 GUFSHONE Dn. UNIT Z137
DESTIN, FL 32541
Vice President: SAME
Address: Same
Secretary: SAME
Address: SAME
Treasurer: SAME
Address: SAME
NOTE: 15
NOTE: If nocessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. MATTHEW D. FRESSEL, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

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WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 13th day of June, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 5980037-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp