

F10000003262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

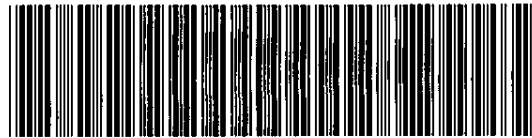
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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10 JUL 16 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

141

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Nelson Energy Programs, Inc.

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," or "Certificate of Good Standing" 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:

Lisa Granskie for Incorp Services, Inc.

Name of Person

Incorp Services, Inc.

Firm/Company

375 N. Stephanie St., Suite 1411

Address

Henderson, NV 89014-8909

City/State and Zip code

lisa.granskie@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Granskie

Name of Person

at ( 702 ) 866-2500 x 6508

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 Cop    ☐ \$87.50 Filing Fee, 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. Nelson Energy Programs, 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. Washington

(State or country under the law of which it is incorporated)

3. 77-0255732

(FEI number, if applicable)

4. 03/07/1994

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing

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

7. 2220 Macnaughton Ln, Lake Stevens, WA 98258-9439

(Principal office address)

(Current mailing address)

8. INVESTMENT MANAGEMENT

(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: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470

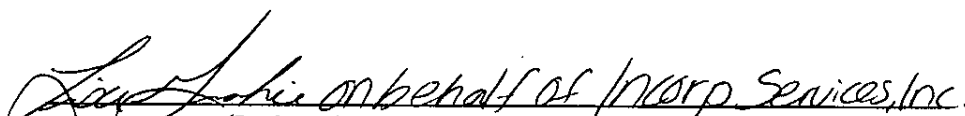
(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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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.

APPROVED  
AND  
FILED

12. Names and business addresses of officers and/or directors:

10 JUL 16 AM 8:05

**A. DIRECTORS**

Chairman:

DAVID E. NELSON

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address:

2220 MAC NAUGHTON LANE  
LAKE STEVENS WA 98258

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President:

DAVID E. NELSON

Address:

2220 MAC NAUGHTON LANE  
LAKE STEVENS WA 98258

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

13. ☒

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

14.

DAVID E. NELSON, PRESIDENT

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

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

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

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

**NELSON ENERGY PROGRAMS, 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 3/7/1994.

I FURTHER CERTIFY that as of the date of this certificate, NELSON ENERGY PROGRAMS, INC. remains active and has complied with the filing requirements of this office.

Date: July 2, 2010

UBI: 601-518-165



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 16 AM 8:05

FILED