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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: W Design Associates, 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:

Greg A. Wolford

Name of Person

W Design Associates, Inc.

Firm/Company

214 East 1st Street, P. O. Box 99

Address

McCook, NE 69001

City/State and Zip code

irene@wdesignea.com

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

For further information concerning this matter, please call:

Irene Johnson

Name of Person

at (308) 345-2370

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

**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. W Design Associates, 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. Nebraska 3. 47-0723665
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 30, 1989 5. Perpetual
(Date of incorporation) (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. 214 East 1st Street, McCook, NE 69001
(Principal office address)

P. O. Box 99, McCook, NE 69001
(Current mailing address)

8. To practice professional engineering
(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)

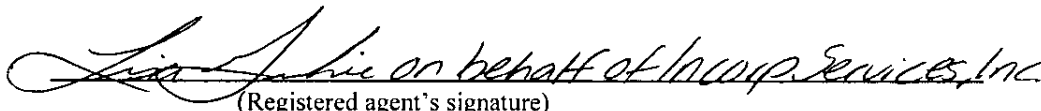
Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Aaron M. Peterson

Address: 214 East 1st Street, P. O. Box 99
McCook, NE 69001

Director: _____

Address: _____

B. OFFICERS

President: Greg A. Wolford

Address: 214 East 1st Street, P. O. Box 99
McCook, NE 69001

Vice President: Steven W. Wolford

Address: 2626 West 2nd Street
Hastings, NE 68901

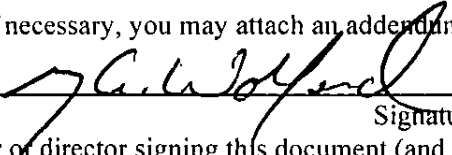
Secretary: David L. Wilson

Address: 214 East 1st Street, P. O. Box 99 , McCook, NE 69001

Treasurer: David L. Wilson

Address: 214 East 1st Street, P. O. Box 99 , McCook, NE 69001

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Greg A. Wolford, President

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

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CLERK OF DISTRICT COURT
JAN 2011

STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

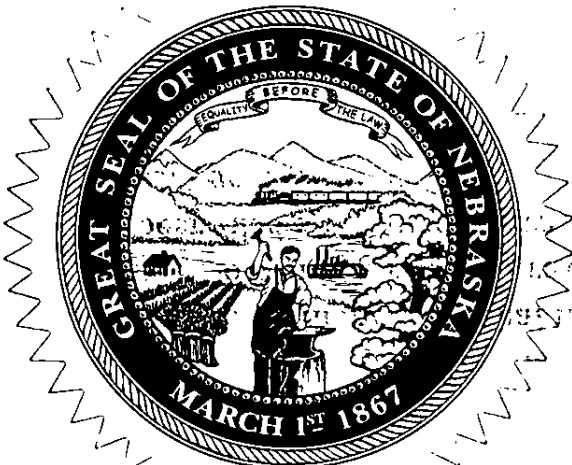
I, John A. Gale, Secretary of State of Nebraska do hereby certify;

W DESIGN ASSOCIATES, INC.

was duly incorporated under the laws of this state on January 30, 1989
and do further certify that no occupation taxes assessed are unpaid
and no biennial reports are delinquent; articles of dissolution have not
been filed and said corporation is in existence as of the date of this
certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on December 7, 2010.



John A. Gale
SECRETARY OF STATE

This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's
financial condition or business activities and practices.

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