(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 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:
KIRK TRACEY
Name of Person
NATIONS ENERGY SOLUTIONS, INC.
Firm/Company
15304 ANITA CATRINA CT. Address
BAKERSFIELD CA 93314
City/State and Zip code WECINC BLZ E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEER ROWE at (UU) 824-9000 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy 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. NATIONS ENERGY SOLUTIONS, 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. OKUAHOMA (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. D2/22/2011 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. <u>N/A</u>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. LOL N. 256 W. AVE SAND SPRINGS, OK 74063 (Principal office address)
P.O. Box 90 MOIAVE CA 93502. (Current mailing address)
8. WIND DEVELOPMENT (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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee , Florida 32301 (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. If 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.
Lamoni W Jones Assistant VP
(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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: SEAN ROBERTS 61 N. 256 W. AVE SAND SPRINGS, OX 74063 ಪ Vice Chairman: Address: Director: Address: Director: ___ Address: _ **B. OFFICERS** SAND SPRINGS, OK 94063 Vice President: Address: _ CATRINA CT. BAKERSFIELD CA 93314 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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



CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>NATIONS ENERGY SOLUTIONS</u>, INC. whose registered agent is <u>SEAN G ROBERTS</u>, with its registered office at <u>61 N 256 W AVE SAND SPRINGS 74063</u> <u>USA</u> Oklahoma is a <u>Domestic For Profit Business Corporation</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. 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. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>17th</u>, day of <u>October</u>, <u>2013</u>.

Secretary Of State