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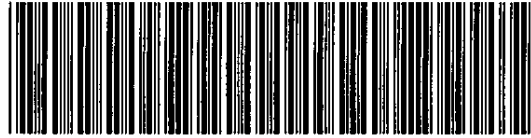
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COVER LETTER

**TO: Chief of Bureau of Commercial Recording
Division of Corporations**

SUBJECT: CHEROKEE COUNTRY
(Name of Foreign Unincorporated Association)

Dear Sir or Madam:

The enclosed "Application by Foreign Unincorporated Association for Authorization to Transact Business in Florida," a duly authenticated copy of its written Articles of Unincorporated Association, and a check are submitted to register the above referenced foreign unincorporated association to transact business in Florida.

Please return all correspondence concerning this matter to the following:

YANAUSKO WAYA
(Name of Person)

CHEROKEE COUNTRY
(Firm/Company)

1023 N. Liberty St
(Address)

JACKSONVILLE, FLORIDA 32206
(City/State and Zip code)

For further information concerning this matter, please call:

YANAUSKO WAYA at 906-402-1177
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Chief of Bureau of Commercial Recording
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Chief of Bureau of Commercial Recording
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
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**APPLICATION BY FOREIGN UNINCORPORATED ASSOCIATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 622.03, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN UNINCORPORATED ASSOCIATION TO
TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. CHEROKEE COUNTRY, INC
(Enter name of Foreign Unincorporated Association)

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida)

2. Wyoming
(State, Territory, or Possession of U.S.A.)

3. 46-2129675
(EIN number, if applicable)

4. December 6, 2012
(Date of Organization)

5. PERPETUAL
(Duration: Year association will cease to exist or enter "perpetual")

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

7. 1023 N. Liberty St.
Jacksonville, FL. 32206
(Principal office address)

1023 N. Liberty St.
Jacksonville, FL. 32206
(Current mailing address)

8. TRANSACTING BANKING BUSINESS OBLIGATIONS IN FLORIDA
(Purpose(s) of unincorporated association 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: EAGLE EYE OF FLORIDA, INC.

Office Address: 1023 N. Liberty St.
JACKSONVILLE Florida, 32206
(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 registered agent.

YAWAGUSKOLLA YAWAGUSKO WAYA
(Registered Agent's Signature/Autograph)

11. Attached is a copy of the written articles of association 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 Association's records in the jurisdiction, under the law of which it is organized.

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

A. Director:

Chairperson: : GAWI-LI:
Address: 214 King Rd
HATTIESBURG, MS 39402

Vice Chairperson: : DANIELI - WAWISTA:
Address: 214 King Rd.
HATTIESBURG, MS 39402

Director: : WEGANI - DIWEINI:
Address: 214 King Rd.
HATTIESBURG, MS 39402

Director: : MAIKALI - DAWO:
Address: 214 King Rd.
HATTIESBURG, MS 39402

B. OFFICERS

President: : GAWI-LI:
Address: 214 King Rd
HATTIESBURG, MS 39402

Vice President: : DANIELI - WAWISTA:
Address: 214 King St
HATTIESBURG, MS 39402

Secretary: : MAIKALI - DAWO:
Address: 214 King St.
HATTIESBURG, MS 39402

Treasurer: : WEGANI - DIWEINI:
Address: 214 King St.
HATTIESBURG, MS 39402

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

13. : WEGANI - DIWEINI:
(Signature of the Director or Officer listed in number 12 of the application)

14. : WEGANI - DIWEINI:
(Typed or printed name and capacity of person signing application)

Articles of the Organization

WYOMING Unincorporated Non Profit Association

~:ORDER OF THE BUSINESS:

- ~1. Roll call of the Officers
- ~2. Report of the Executive Committee on the New Candidates
- ~3. Reading of the Minutes of the Previous Meetings
- ~4. Receipts and Expenditures
- ~5. Communications
- ~6. Report of the Delegates and the Committees
- ~7. Unfinished-Business
- ~8. New-Business
- ~9. Nominations, Elections and Installation of the Officers
- ~10. Good and Welfare of the Unincorporated-Non-Profit-Tribal-Association
- ~11. Adjournment

Article I

The name of the Unincorporated Non Profit Association is: **Cherokee-Country**

Nominations, Elections and installation of the Officers:

- ~ President: :Gawi-Li:
- ~ Vice-President: :Daniyeli-Wewista:
- ~ Recording Secretary: :Maikali-Dawo:
- ~ Treasure: :Wegani-Diweini:

Article II

The mailing address of the Unincorporated Non Profit Association is:

214 King Rd., Hattiesburg, MS [39402]

Article III

The purpose for which this Unincorporated Non Profit Association is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Street address of the registered agent is:

Kim Luthi:
Legal Agent and Agent for Service
156 N. State Line Road, Freedom: [83120]

Having been named as registered agent and to accept service of process for the above stated Unincorporated Non Profit Association at the place designated in this certificate, 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 relating 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 Signature: _____


(Shall be accounted by the registered agent.)

Article V

The name and address of managing members/managers are:

Title: President

:Gawi-Li:

Address: 214 King Rd., Hattiesburg, MS [39402]

Title: Vice-President:

:Daniyeli-Wewista:

Address: 214 King Rd., Hattiesburg, MS [39402]

Title: Recording Secretary

:Maikali-Dawo:

Address: 214 King Rd., Hattiesburg, MS [39402]

Title: Treasure

:Wegani-Diweini:

Address: 214 King Rd., Hattiesburg, MS [39402]

Article VI

The effective date for the Unincorporated Non Profit Association shall be: December 6, 2012

Signature of member or an authorized representative of a member:

Signature/AUTOGRAPH: :Maikali-Dawo:

:Maikali-Dawo:

:AUTOGRAPH: Recording Secretary