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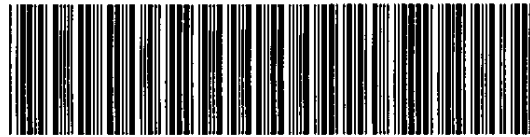
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**COVER LETTER**

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

**SUBJECT:** Je Wake Interests  
(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:

YANAGUSKA WAYA  
(Name of Person)

(Firm/Company)

1023 N. Liberty St.  
(Address)

Jacksonville, FL 32206  
(City/State and Zip code)

For further information concerning this matter, please call:

YANAGUSKA WAYA at 904-402-1177  
(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

**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. Jewake Interests, 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. 47-2204763  
(EIN number, if applicable)

4. 12/24/2014  
(Date of Organization)

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

6. TBD  
(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. Conduct BANKING Business  
(Purpose(s) of unincorporated association authorized in some 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: YANAGUSKA WAYA

Office Address: 1023 N. LIBERTY ST.  
JACKSONVILLE, Florida FL 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.*

YANAGUSKA 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: Kelly J. Smith  
Address: SAME AS below

Director: Jelena R. Simpson  
Address: SAME AS below

B. OFFICERS

President: Kelly J. Smith  
Address: 47 Tom Shows RD  
Seminary, MS 39479

Vice President: Wanda J. Coker  
Address: 47 Tom Shows RD  
Seminary, MS 39479

Secretary: Jelena R. Simpson  
Address: 47 Tom Shows RD  
Seminary, MS 39479

Treasurer: Robert C. Coker  
Address: 47 Tom Shows RD  
Seminary, MS 39479

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

13. Kelly-J. Smith, Pres.  
(Signature of the Director or Officer listed in number 12 of the application)

14. Kelly-J. Smith.  
(Typed or printed name and capacity of person signing application)

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**Articles of Organization  
For  
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: JeWaKe Interests

**Nominations, Elections and installation of the Officers**

~ **President: Kelly J. Smith**

~ **Recording Secretary: Jelena R. Simpson**

~ **Treasure: Robert Coker**

**Article II**

The street address of the principal office of Unincorporated Non Profit Association is:

**47 Tom Shows Rd., Seminary, MS 39479**

The mailing address of the Unincorporated Non Profit Association is:

**47 Tom Shows Rd., Seminary, MS 39479**

**Article III**

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

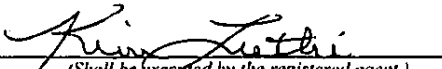
**ANY AND ALL LAWFUL BUSINESS.**

## 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 executed by the registered agent.*)

## Article V

The name and address of managing members/managers are:

**Title: President, Kelly J. Smith**  
**47 Tom Shows Rd., Seminary, MS 29479**

**Title: Recording Secretary, Jelena R. Simpson**  
**47 Tom Shows Rd., Seminary, MS 39479**

**Title: Treasure, Robert C. Coker**  
**47 Tom Shows Rd., Seminary, MS 39479**

## Article VI

The effective date for the Unincorporated Non Profit Association shall be: 10/28/2014

Signature of member or an authorized representative of a member:

Signature/AUTOGRAPH

AUTOGRAPH: Recording Secretary