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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NoAL	American	Retail A	Illiance Inc
Nai	ne of corporation	- must include suffix	3
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certification above referenced foreign corporation	cate of Good Stan	ding" and check are	
Please return all correspondence conc	erning this matter	to the following:	
Annelee	Santanielle	•	
	- I value of i	CISOII	
Pa	ofit Plus Firm/Com		
3997	Commerc	e Dr.	
Desot	Addre	ss ,6018	
1	City/State ar	d Zip code	
<u>asantan'ie</u>	110 @ prof	it plas 4v. (pr future annual repo	m.
For further information concerning thi			et notification)
Anneke Santaniello Name of Person	at (913	583_	8443
Name of Person	Area Code	Daytime Tel	epnone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	Registration Division of P.O. Box 6	Corporations
Enclosed is a check for the following a	amount:		
\$70.00 Filing Fee \$78.75 Fi Certifica	ling Fee & te of Status	\$78.75 Filing Fee & Certified Copy	2 \$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. North American Retail Alliance 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) (State or country under the law of which it is incorporated)

3. 47 - 5 | 03303 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5224 Goodman Lane, Overlund, Park, KS 662-02 commerce Drive De Soto, KS 66018
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) James Rensel

10102 S. Ocean Dr. #704A

Jensen Beach , Florida 34957
(Zip code) Name: Office Address: 9. 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.

10. 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.

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

A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
	TA:		
B. OFFICERS	C22F	NON 5	E ;
President: Roger Lee Ward III	TAR	V 17	क्षां स्टब्स्स स्टाम्स्टब्स्
Address: 5224 Goodman Land	ří Eg	P	FT)
overland Park KS 66202	FLORID.	7: :	A description
Vice President: Dave Buckle	- SA	O)	
Address: 1235 Nettles Blvd			
Jensen Beach, FL 34957			
secretary: Travis Steffan			
Address: 5212 NW Valley View Rd, Blue Springs, MU	4015		
reasurer: Dana War71 Address: 5224 600dman Lane, Overland Pomk, KS 66202)		
NOTE: If necessary, you may attach an addendum to the application listing additional officers		ctors.	
2. Signature of Director or Officer			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that	at the facts s	tated	horein
re true and that he or she is aware that false information submitted in a document to the Depart third degree felony as provided for in s.817.155, F.S.	ment of Sta	te con	stitutes
3 Dana M Ward			
(Typed or printed name and capacity of person signing application)			

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8069023

Entity Name: NORTH AMERICAN RETAIL ALLIANCE INC

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: ROGER L WARD III

Registered Office: 5224 Goodman Lane, OVERLAND PARK, KS 66202

was filed in this office on September 16, 2015, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 12, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 727800 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.