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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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JS 19

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 573279 811851

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: January 8, 2019

ORDER TIME : 3:05 PM

ORDER NO. : 573279-055

CUSTOMER NO: 8118514

FOREIGN FILINGS

NAME: NATIVE AMERICAN TECHNOLOGY

CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration S				
	Division of Co	•			
SUBJ		merican Technolog	gy Corporation		
SODJ	EC1	Name	of corporatio	n - must include suffix	
		1-1111	гот согролано	it - must metade suffix	
Dear S	ir or Madaın:				
"Certif	icate of Existen	ition by Foreign (ce," or "Certifica gn corporation to	te of Good Sta	nding" and check are s	sact Business in Florida," ubmitted to register the
Please Wendy		pondence concer	ning this matte	r to the following:	
			Name of	Person	
Native .	American Techno	logy Corporation	7107707	7 013011	
			Firm/Con	manti	
2293 Bi	roadway Avenue		1 11112 (01)	ipatiy	
		 _	Addr	ne c	
North B	Send, OR 97459		Addi	L33	
			City/State a	nd Zip code	
wgarcia	@natecheorp.con	1	·	•	
		E-mail addres	s: (to be used	for future annual report	notification)
For furt	ther information	concerning this r	natter, please o	eall:	
Wendy Garcia		541	888-8100		
			at ()	
Name of Person		Area Cod	e Daytime Tele	Daytime Telephone Number	
STREET/COURIER ADDRESS:			SS:	MAILING ADDRESS:	
Registration Section Division of Corporations				Registration Section	
Clifton Building				Division of Corporations P.O. Box 6327	
2661 Executive Center Circle				Tallahassee, FL 32314	
	Tallahassee, FL			, artimasce,	113 32317
Enclose	d is a check for	the following am	ount:		
3 \$70.	00 Filing Fee	☐ \$78.75 Filin	g Fec & □	\$78.75 Filing Fee &	☐ \$87.50 Filing Fee,
	J	Certificate e		Certified Copy	Certificate of Status &

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. Native American Technology Corporation (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) 76-0475757 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2293 Broadway Avenue North Bend, OR 97459 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hayes Street Office Address: Tallahassee, FL (City) 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. Roxanne Turner Asst. Vice President

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 Wanda Williford Chairman: 2293 Broadway Avenue North Bend, OR 97459 Address: Vice Chairman: Address: __ Director: Address: ____ Address: B. OFFICERS John Williford President: 2293 Broadway Avenue North Bend, OR 97459 Address: _____ Wendy Garcia Vice President: 2293 Broardway Avenue North Bend, OR 97459 Address: _ Scoretary: _ Treasurer: 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 11 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. C.E.O. WANDA WILLIFORD

13.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATIVE AMERICAN TECHNOLOGY

CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

EIGHTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIVE AMERICAN TECHNOLOGY CORPORATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202043226

Date: 01-08-19

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