## F99000006601

	TRANSMITTAL	LETTER	ECHE DEC	
To: Qualification/Tax Lien Section			1 N	
Division of Corporations				
SUBJECT: <u>Active</u>	Name of corporation	rud Corp.	PLE IN C	<b>-</b>
	(11mile of oorbestation	,	Z" 5	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence", and to transact business in Florid	ed check are submitted to reg	uthorization to Transact ligister the above reference	Business in Florida", d foreign corporation	ı
Please return all corresponde		o the following:		999 97001 ****87 50
<u> </u>	illiam Cau	dell	Tiva.	GA
Oali	(Name of F	Person)	AUTHORIZATION	BY PHONE T
/ 1 / PA / 11	(Firm/Com	pany)	ORRECT	- a 110 bolls
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Bock	Katon, Fl.	33/86		
	(City/State		ALING 35	·
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Should you need to call som	cone concerning this matter	, please eaff:	TOTAL 87.5	0
	1 611	205 500	BALANCE LUZ \$_	
LIGH KUCH	(Area C	code & Daytime Telephor	DEFUND 5	**************************************
(Name of Person)	(r non e		(D)	^
STREET ADDRESS:	Name Availability All 1	MAILING ADDRESS	Section of the state of the sta	faco.
	Document D	Qualification/Tax Lien	Section O	. D: W
Qualification/Tax Lien Sec Division of Corporations		Division of Corporation	is 1)	0/2 /V
409 E. Gaines St.	pdater	P.O. Box 6327 Tallahassee, FL 32314	G &	· , , \Q', \
	Updarer V <b>e</b> rifyer	Talianassee, FL 32314	it as you	10
Enclosed is a check for the		W.	7,990, 7,	
☐ \$70.00 Filing Fee		\$78.75 Filing Fee &	\$87.50 Filing Fe	
	Certificate of Status	Certified Copy	Certified Conv	atus oc

## 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. Office FCD (Doctor)  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2. CState or country under the law of which it is incorporated)  3. CFEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to existor "perpetual")
a 1499 (D) Valmetta Park Pol Suite 2/2 = 0
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. Boca Baton FL. 33486
> upon qualification (Current mailing address)
(Current matting address)
8. Foundation for Pathyl Amoricans (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 or Mail Drop Box NOT acceptable)
Name: William Caudell
Office Address: 1499 W. Palmotto Park Rd. Suite 212
Bra Raton, Florida, 33/86
(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 as registered agent.
11/20 - (Riv) Co. Ann

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

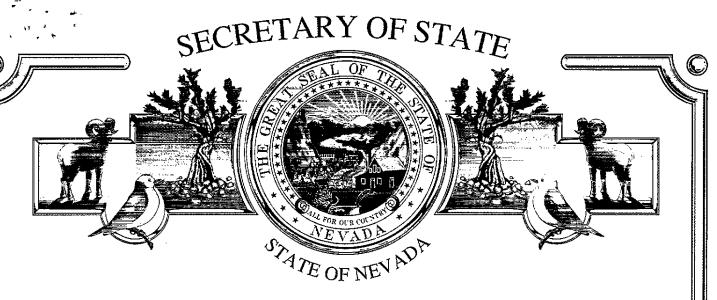
which it is incorporated.

(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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Wm CAydell
Address: 898 Applebu
Address: 898 Appleby BOCA KAton, FL. 33431
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
Auditoss,
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Rick Young
Address: P.O. Box 575
Lewistown, MT. 59457
Vice President: 6166illespie
Address: 4361 N.W. 58th WAY
Parkland, FL. 33067
Secretary: 10m. (Audel)
006 0 16
Address: 818 HpgleDy  Port Katoo: FL-33431
(1)
Treasurer: /// CAUALL
Address: BIB Hopkory
Boch Katon, Fl. 33431
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NATIVE ECHO WORLD CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 27, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 8, 1999.

Secretary of State

acqueen

Certification Clerk