

F13000005404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

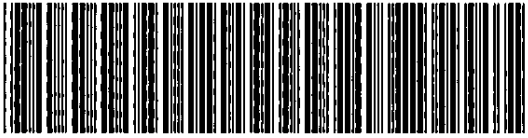
(Business Entity Name)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TYONEK NATIVE CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HEATHER HUDSON

Name of Person

TYONEK NATIVE CORPORATION

Firm/Company

229 PALMER ROAD

Address

MADISON, AL 35758

City/State and Zip code

HHUDSON@TYONEK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER HUDSON at (256) 258-0093

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
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 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. TYONEK NATIVE 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)

2. ALASKA

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 12/14/1973

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 12/04/2013

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

7. 1689 C ST, STE 219, ANCHORAGE, AK 99501

(Principal office address)

1689 C ST, STE 219, ANCHORAGE, AK 99501

(Current mailing address)

8. NATIVE VILLAGE CORPORATION

(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 NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(Zip code)

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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.

SEE ATTACHED SIGN. PAGE

(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 which it is incorporated.

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BUSINESS IN FLORIDA**

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Hiedi M. Liesch
Assistant Secretary

Hiedi M. Liesch

(Registered agent's signature)

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

A. DIRECTORS

Chairman: SHARON WILLIFORD
 Address: 1689 C ST, STE 219
ANCHORAGE, AK 99501

Vice Chairman: SUSANNA L. MOON
 Address: 1689 C ST, STE 219
ANCHORAGE, AK 99501

Director: ROBERT STEPHAN, SR.
 Address: 1689 C ST, STE 219
ANCHORAGE, AK 99501

Director: DONALD STANDIFER, SR.
 Address: 1689 C ST, STE 219
ANCHORAGE, AK 99501

B. OFFICERS

President: MICHAELENE STEPHAN
 Address: 1689 C ST, STE 219
ANCHORAGE, AK 99501

Vice President: LISA CONSTANTINE
 Address: 1689 C ST, STE 219
ANCHORAGE, AK 99501

Secretary: CHARLENE STEPHAN
 Address: 1689 C ST, STE 219, ANCHORAGE, AK 99501

Treasurer: JASON STANDIFER
 Address: 1689 C ST, STE 219, ANCHORAGE, AK 99501

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

13. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Heather Hudson, Attorney
 (Typed or printed name and capacity of person signing application)

Alaska Entity #12668D

State of Alaska
Department of Commerce, Community and Economic Development
Corporations, Business and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

THE TYONEK NATIVE CORPORATION

This entity was formed on December 14, 1973 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective December 04, 2013.

Susan K. Bell
Commissioner

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