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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSS PLANNING CONSULTANTS INC.
(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", 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:

Jim D. Cross
(Name of Person)
CROSS PLANNING CONSULTANTS INC.
(Firm/Company)
6212 NE 107TH ST.
(Address)
Oklahoma City, OK 73151
(City/State and Zip code)

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CLERK OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Jim Cross at (405) 771-8839
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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. CROSS PLANNING CONSULTANTS 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)

2. OKLAHOMA 3. 73-1549137
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 11, 1998 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 6212 N.E. 107TH, OKLAHOMA CITY, OK 73154
(Principal office address)
6212 NE 107TH, OKLAHOMA CITY, OK 73154
(Current mailing address)

8. CONDOMINIUM RENTAL
(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: Karen L. Hopkins

Office Address: 4732 Lori Lane

Pace, Florida 32571-1562
(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 as registered agent.

Karen L. Hopkins
(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.

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

A. DIRECTORS

Chairman: JIM D. CROSS

Address: 6212 NE 107TH ST.

OKLAHOMA CITY, OK 73151

Vice Chairman: LAURA L. CROSS

Address: 6212 NE 107TH ST.

OKLAHOMA CITY, OK 73151

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JIM D. CROSS

Address: 6212 NE 107TH ST.

OKLAHOMA CITY, OK 73151

Vice President: _____

Address: _____

Secretary: LAURA L. CROSS

Address: 6212 NE 107TH ST, OKLAHOMA CITY, OK 73151

Treasurer: _____

Address: _____

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

13. JIM CROSS

(Signature of Director or Officer listed in number 12 of the application)

14. JIM D. CROSS, PRESIDENT

(Typed or printed name and capacity of person signing application)

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OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that CROSS PLANNING CONSULTANTS INC. whose registered agent is LAURA L CROSS with its registered office at 1204 DAVINBROOK DR OKLA CITY 73118 1010 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

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SECRETARY OF STATE



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 5th, day of April, 2004.

M. Susan Savage

Secretary Of State