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COVER LETTER

•	stration Section ion of Corporations	;			
SUBJECT:	Brent L. Mills, I	ncorporated			
5017713011		Name of corporati	on - mu	ist include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," or "C		anding	and check are subi	et Business in Florida." mitted to register the
Please return	all correspondence	concerning this mat	ter to th	e following:	
Robert A. Mcl	Neely				
		Name o	of Perso	on	
Messer	Caparello, P.A.				
		Firm/Co	ompany	•	
2618 Co	entennial Place				
		Ad	dress		
Tallahas	ssee, FL 32308				
		City/State	and Z	ip code	
rmeneely	@lawfla.com				
	E-mai	l address: (to be use	d for fu	ture annual report n	otification)
For further in	formation concerni	ng this matter, pleas	e call:		
Robert A. Me	:Neely	at (850)	222-0720	
Nam	e of Person	Area Co	ode	Daytime Telepl	none Number
Regis Divis The C 2415	EET/COURIER A stration Section ion of Corporations Centre of Tallahasse N. Monroe Street, S hassee, FL 32303	e ee		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	ing Fee 🔳 \$78	ving amount: RIDA DEPARTME .75 Filing Fee & tificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, 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.

(If name unavaila	ible in Florida, enter alternate corporate name ad	lopted for the purpose of transac	ting business in Florida)
2. Delaware	3	73-1477433	
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
May 10, 2022	5.		
(Date	of incorporation)	(Date of duration, if other	er than perpetual)
5. <u>N/A</u>			
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150		bility)
. 5309 Wisteria	Dr., Oklahoma City, OK 73142		
1105 N. Atlan	(Principal office itic Dr., Lantana, FL 33462	e <u>street</u> address)	
		address, if different)	
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Bob Harris, Esq.	Box NOT acceptable)	FILE 2022 DEC 16
Office Address:	Messer Caparello, P.A., 2618 Centennial	<u> Pl.</u>	2:
	Tallahassee	, Florida <u>32308</u>	03
	(City)	(Zip code)	
lesignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel- with and accept the obligations of my posi-	ent as registered agent and ag ative to the proper and comp	gree to act in this capacity

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.

A. DIRECTORS	•		
□Chairman	Name: Brent L. Mills	□Chairman	Name: Todd Q. Swanson
□Vice Chairman	Address: 1105 N. Atlantic Dr.	□Vice Chairman	Address: 1105 N. Atlantic Dr.
□Director	Lantana, FL 33462	□Director	Lantana, FL 33462
⊠President		□President	
□ Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary ∑	☑Treasurer
SOther <u>CEO</u>	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
☐ Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
	Jse an attachment to report more than six (6). The attached to the index when filing your Florida Departm	nent of State Annual Re	eport form.
·	Signature of Director	or Officer	
The officer or direc	tor signing this document (and who is listed in numb	er 11 above) affirms th	in the facts stated herein are true and that he is

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.



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

DELAWARE, DO HEREBY CERTIFY THAT "BRENT L. MILLS, INCORPORATED" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION", FILED THE TENTH DAY OF MAY, A.D. 2022, AT 4:30 O'CLOCK P.M.

CERTIFICATE OF INCORPORATION, FILED THE TENTH DAY OF MAY, A.D. 2022, AT 4:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "BRENT L. MILLS, INCORPORATED".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRENT L.

MILLS, INCORPORATED" WAS INCORPORATED ON THE TENTH DAY OF MAY,

A.D. 2022.

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



Authentication: 205023971

Date: 12-06-22