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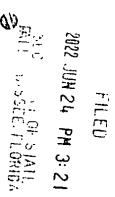
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T. LEMIEUX

COVER LETTER

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Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Fl		
ise return al	correspondence concerning this matter to	o the following:		
	J. Terrell Siegfried			
		Name of Person		
	The NORDAM Group LLC			
		Firm/Company		
	6911 N. Whirlpool Drive			
		Address		
	Tulsa, OK 74117			
	C	City/State and Zip Code		
	terrell@nordam.com			
	E-mail address: (to be	c used for future annual report notification)		
further info	rmation concerning this matter, please ca	N:		
J. Ten	ell Siegfried	918 401-5140		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
_	ion of Corporations	Division of Corporations		
	Box 6327	The Centre of Tallahassee		
Talla	hassee. FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION @50002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	LLC Limited Liability Company, must include "Limited	Liability Company," "L.1, C.," or "LLC."	,	
Uf name was adable, enter alternate o	name adopted for the purpose of transacting business in Fl	orda. The alternate name must include "Limited	Lability Coninans, ""L.L.C." or "LLC"1	
Delaware	and adopted for the purpose of this saving ordinas in the	73-1017803		
(Jurisdiction under the law of which foreign limited fiability company is organized)		3. (Fit number, it applicable)		
1/4/2021 4				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 645 0905, F.S. to determi	registration) ne penalty liability)		
6911 N. Whirlpool Dri		6. (Mailing Address)		
5. (Street Address of Principal Office)		(Mading Address)	. 12	
Tulsa, OK 74117		Tulsa, OK 74117	AN ELE RE	
			<u> </u>	
		<u> </u>	N24 P	
			IUN 24 PH 3: 21	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ن کار کار	
Name:	C T Corporation System		H 3: 21	
Office Address:	1200 South Pine Island Road			
	Plantation	33324 , Florida		
	(City)	Zip code	<u> </u>	

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Registered agent's signature) Ternell Kearney Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Meredith Siegfried Madden □Manager □ Manager 6911 N. Whirlpool Drive □Member Address: _ ____ □Member Tulsa, OK 74117 □ Authorized □ Authorized Person Person CEO and Manager ☐ Other____ □Other____ □Other □Manager Name: _____ □Manager Name: _____ Address: _____ □Member Address: □Member ☐ Authorized □ Authorized Person Person Other_____ □Other ____ Other__ □Other ____ Name: _____ □Manager □Manager Name: ______ □Member Address: _______ □Member Address: □ Authorized ☐ Authorized Person Person □Other_____ □Other____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

J. Terrell Siegfried, Corporate Secretary & Assistant General Counsel

Typed or printed name of signce

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE NORDAM GROUP LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE NORDAM GROUP LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 1977.

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

Authentication: 203673124

Date: 06-14-22

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SR# 20222715681