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| (Re                     | equestor's Name)    |          |
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| (Cit                    | y/State/Zip/Phone # | )        |
| PICK-UP                 | ☐ WAIT              | MAIL     |
| (Bu                     | siness Entity Name  | )        |
| (Do                     | ocument Number)     |          |
| Certified Copies        | _ Certificates o    | f Status |
| Special Instructions to | Filing Officer:     | -        |
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 30, 2003

R. LARY MILLER 39 ALTA VISTA ST. BROOKSVILLE, FL 34601

SUBJECT: MILLCON LTD. Ref. Number: W03000012286

DS MAY IN PM 2: 37

We have received your document for MILLCON LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 803A00026271

#### TRANSMITTAL LETTER

| Division of Corporations   |
|--|
| SUBJECT: MILLCON LTD.  |
| (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:  |
| R. LARY MILLER (Name of Person)  |
| (Name of Person)   |
| MILL CON LTD. (Firm/Company)   |
|  |
| 39 ALTA VISTA ST.  (Address)  BROOKSVILLE FL 34601  (City/State and Zip code)  |
| (Address)  |
| BROOKSVILLE FL 34601   |
| (City/State and Zip code)  |
| For further information concerning this matter, please call:   |
| R. LARY MULER 31 (352) 754-43/6  |
| (Name of Person) at (352) 754 - 43/6  (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   |

## 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.   | MILLEON LTD. IREC.   | . –                         |
|------|--|-----------------------------|
| V    | 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.) | .gv <sup>'</sup> ∄ <b>t</b> |
| 2.   | DELAWARE 3.  |                             |
| (S   | DELAWARE  State or country under the law of which it is incorporated)  (FEI number, if applicable)   | · ~ .i                      |
| 4    | (Date of incorporation)  5. PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")   |                             |
|      | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")  |                             |
| 6    | UPON QUALIFICATION   |                             |
| (I   | 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    | 39 ALTA VISTA ST. BROOKS VILLE, FL 34601  (Principal office address)  39 ALTA VISTA ST. BROOKS VILLE, FL 34601   |                             |
|      | (Principal office address)   | _                           |
|      | 39 ALTA VISTA ST. BROOKS VILLE FL 34601 34   |                             |
|      | (Current mailing address)  | Charles<br>Charles          |
| 8.   | CONSUTING ENGINEERS  | Ŋ                           |
| · _  | CONSUTING ENGINEERS  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) ω   | ý·                          |
| 9. N | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  |                             |
|      | _  |                             |
|      | Name: R. LARY MILLER   |                             |
| Offi | ice Address: 39 ALTA VISTA ST.   |                             |
|      | Beooksville, Florida 3460 ( (City) (Zip code)  | कर इ                        |
|      | (City) (7in code)  |                             |
|      | (Ox)   |                             |
| Hav  | Registered agent's acceptance:<br>ving been named as registered agent and to accept service of process for the above stated corporation at the p<br>ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac                | olace<br>city. I            |
|      | ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m<br>ies, and I am familiar with and accept the obligations of my position as registered agent.  | V                           |

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.

(Registered agent's signature)

| Chairman  |   |
|-----------|---|
| Chanthan  |   |
| Address:  |   |
|           |   |
| Vice Chai | rman:   |
| Address:  |   |
| -         |   |
| Director: |   |
| Address:  |   |
|           |   |
| Director: | · · · · · · · · · · · · · · · · · · ·   |
| Address:  | [   |
|           |   |
| B. OFF    | ICERS   |
|           | RoyLARY MILLER  |
| Address-  | 39 ALTA VISTA ST.   |
| 2 100 000 | BROOKSVILLE, FL 34601   |
| Vice Pres | ident: RONALD LEG MILLER (EXECUTIVE V.P OPERATION   |
|           | P.O. Box 7 - 10408 Audeam Ro. 945   |
| Addicss.  | THOMPSON, MO 65285  |
| Secretary | 1 7 11  |
| Address:  |   |
| Transurar | BELLTONE IN KERLUETT MULTE (SELLER V.P. OPERATIO  |
| A decease | BENJAMIN KENNETH MILLER (SENDR V.P. OPERATION 736 9. ILLINOIS LEAGUE CITY, TX 77573                       |
| Audress:  | 100 - 100 - 100   |
| NOTE:     | If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
|           | Dan Miller  |

Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILLCON LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILLCON LTD."
WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 1997.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Warriet Smith Windson Secretary of State

AUTHENTICATION: 2357135

DATE: 04-09-03

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