## F15000004632

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECNETARY OF STATE
THE ANALYSIS ELECTION 1

K. SALY EXAMINER OCT 2 0 2015

## **COVER LETTER**

O: Registration Section Division of Corporations					
SUBJECT: Commercial Brokerage Service	es, Inc.				
	f corporation -	must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign Cor" "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Stand	ing" and check are submit			
Please return all correspondence concerning Robert C. Bates	ng this matter t	o the following:			
	Name of Pe	erson			
Commercial Brokerage Services, Inc.					
	Firm/Comp	any			
4200 E Skelly Dr, Ste 300					
	Addres	s			
Tulsa, OK 74135					
	City/State and	l Zip code			
lisa.alley@cibllc.net					
E-mail address:	(to be used fo	r future annual report noti	fication)		
For further information concerning this ma	atter, please ca	II:			
Robert C. Bates					
Name of Person	Area Code	Daytime Telephon	e Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Section Division of Corports P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount	unt:				
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		\$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.	Commercial Bro	kerage Services, Inc.		
(1		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	N,"
(1	If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)
2.	Oklahoma	2	73-1522193	
_	Juna 11 1007	y under the law of which it is incorporated)	(FEI number, if a	•
4. (Date of incorporation) 5. (Date of duration, if other than pe		r than perpetual)		
6.	1-1-2015			
, 42	-	(SEE SECTIONS 607.1501 & 607.1501	in Florida, if prior to registration) 1502, F.S., to determine penalty liabi	lity)
/· <u></u>		(Princ	ipal office address)	
Sä	ame			N
<del></del>		(Current mail	ing address, if different)	ZUIS OCT
8. N	Name and stree	t address of Florida registered agent: (P	O. Box NOT acceptable)	ASS 19
	Name:	Robert C. Bates		ECF PH T
Offi	ce Address:	5590 Las Brisas Dr		STATE LORIO
		Vero Beach	32967 , Florida	
		(City)	(Zip code)	

9. 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.

(Registered agent's signature)

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.

11. Nam	nes and business addresses of officers and/or directors:	يناسي
A. DIRI	ECTORS	FILED
Chairman	Robert C. Bates	2015007
Address:	9324 S Indianapolis Ave	FILED  SECRETARY OF CO.
	Tulsa, OK 74137	CAHASSEE FLORIDA
Vice Chai	irman:	- CORIDA
Address:		
_		
Director:		
Address:		· · · · · · · · · · · · · · · · · · ·
Director:		
Address:		
B. OFFI	ICERS	
President:	Robert C. Bates	
	9324 S Indianapolis Ave	
	Tulsa, OK 74137	
Vice Presi	ident:	
Secretary:		
Address:		
Treasurer:	•	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
12	Signature of Director or Officer	
The office are true as	Signature of Director or Officer seer or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Department of the Department as provided for in s.817.155, F.S.	
13. Robe	ert C. Bates, President	
	(Typed or printed name and capacity of person signing application)	



## 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 <u>COMMERCIAL BROKERAGE SERVICES</u>, INC. whose registered agent is <u>ROBERT C BATES</u>, with its registered office at <u>9324 S INDIANAPOLIS TULSA 74137 USA</u> Oklahoma is a <u>Domestic For Profit Business Corporation</u> 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.



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 <u>5th</u>, day of <u>October</u>, <u>2015</u>.

Secretary Of State