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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Special Instructions to Filing Officer:					
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J. LEGGET

COVER LETTER

	tration Section of Corpor				
		opment Co., Inc.		_	
SOBJECT	Name of corporation - must include suffix				
Dear Sir or M	ladam:				
"Certificate o	f Existence."	a by Foreign Corporation or "Certificate of Good Storporation to transact bus	standing a	and theth are shown	Business in Florida!" tted to register the
Please return	all correspor	ndence concerning this ma	itter to the	following:	
Michael L. St					
		Name	of Person		
MLS Develop	pment Co., Ir	C.			
		Firm/C	Company		
10170 Road	612				
		Α	ddress		
Philadelphia	, Mississippi	39350			
		_	ite and Zip	code	
mstinson@n	nisdevelopme				(Fration)
		E-mail address: (to be u	sed for fut	ure annual report no	tification)
For further i	nformation c	oncerning this matter, ple	ase call:		
Michael L. S	Stinson	at (601	, 50	04-7520	
Nai	me of Person		Code	Daytime Telepho	one Number
Reg Div Clit 266	istration Sec ision of Corp iton Building	oorations Center Circle		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is	a check for t	he following amount:			
□ \$70.00 l	Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & rtified 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. MLS Development Co., Inc. 1. (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) Mississippi (FEI number, if applicable) (State or country under the law of which it is incorporated) 4/9/1996 (Date of duration, if other than perpetual) (Date of incorporation) None 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 10170 Road 612, Philadelphia, MS 39350 (Principal office address) 10170 Road 612, Philadelphia, MS 39350 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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. Name	es and business addresses of officers and/or directors:	
a. DIRE	CTORS	
Chairman:		
Address: _		
_		
Vice Chair	man:	
Address: _		<u> </u>
Director:	Michael Lige Stinson	
	10170 Road 612	
•	Philadelphia, MS 39350	
Director:	Leah Y. Stinson	
	10170 Road 612	
	Philadelphia, MS 39350	
B. OFFI	Michael Lige Stinson	
Address:	10170 Road 612	<u> </u>
Address.	Philadelphia, MS 39350	
Vice Presi	ident:	
Address:		1
		<u> </u>
Secretary:	Leah Y. Stinson	
Address:	10170 Road 612, Philadelphia, MS 39350	
		1
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directo	rs.
12. M .	Signature of Director or Officer	
The office are true a third de	eer or director signing this document (and who is listed in number 11 above) affirms that the facts state and that he or she is aware that false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	ted herein constitutes
13. <u>Mic</u>	hael Lige Stinson President (Typed or printed name and capacity of person signing application)	
	(13 beg of brutted name and enhants of beton affining abbustion)	1



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 9th day of April, 1996, the State of Mississippi issued a Charter/ Certificate of Authority to:

MLS DEVELOPMENT CO., INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said MLS DEVELOPMENT CO., INC. is in good standing at this time.

Given under my hand and seal of office the 25th day of October, 2017

Noseman, 1.

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN17043971

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State

Jackson, Mississippi

Certificate

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify that:

Business ID: 628792

Business Name: MLS DEVELOPMENT CO., INC.

Registered Agent: MICHAEL L. STINSON 10170 Rd 612;P O Box 180 Philadelphia, MS 39350

Status: Good Standing

Given under my hand and seal of office the 25th day of October, 2017

Hosemann, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN17043971

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx