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COVER LETTER

TO: Registration S Division of C		COMPANY			
SUBJECT:	LAINS SURVEYING	COMPANY			
	Name o	f corporation	- must include suffix		
Dear Sir or Madam:					
	nce," or "Certificate	of Good Star	Authorization to Transanding" and check are subsets in Florida.		
Please return all corre JAMES M. POWER		ng this matter	r to the following:		
RED PLAINS SURV	EYING COMPANY	Name of	Person		
1917 S. HARVARD		Firm/Con	ipany		
OKLAHOMA CITY,	OK 73128	Addre	ess		
MICK@RPSURVEY	ring.com	City/State a	nd Zip code		
	E-mail address	(to be used	for future annual report	notification)	
For further information	on concerning this m	atter, please o	call:		
EUGENE R. HARRELL		561	252-7911	252-7911	
Name of Pers		at (Area Cod	e Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:	Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	or the following amo	unt:			
☐ \$70.00 Filing Fee	\$78.75 Filing Certificate o		\$78.75 Filing Fee & Certified Copy	S87.50 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. **RED PLAINS SURVEYING COMPANY** 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) 73-1621191 **OKLAHOMA** (FEI number, if applicable) (State or country under the law of which it is incorporated) PERPETUAL OCTOBER 12, 2001 (Date of duration, if other than perpetual) (Date of incorporation) N/A 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1917 S. HARVARD, OKLAHOMA CITY, OK 73128 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI SERVICES, INC. Name: 1200 S. PINE ISLAND ROAD, **BROWARD COUNTY** Office Address: 33324 **PLANTATION** , 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. Bree Zahner, Assistant Secretary

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Address: Vice Chairman: Address: _ Director: Address: ___ Director: _ Address: __ **B. OFFICERS** JAMES M. POWERS President: 1917 S. HARVARD Address: OKLAHOMA CITY, OK 73128 THOMAS T. OLSEN Vice President: 1917 S. HARVARD Address: _ OKLAHOMA CITY, OK 73128 DALTON W. BRYAN Secretary: 1917 S. HARVARD, OKLAHOMA CITY, OK 73128 Address: _ EUGENE R. HARRELL, VICE-PRESIDENT OF SURVEYING AND MAPPING Treasurer: 1917 S. HARVARD, OKLAHOMA CITY, OK 73128 Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer 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. JAMES M. POWERS, PRESIDENT 13. __

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



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>RED PLAINS SURVEYING COMPANY</u> whose registered agent is <u>JAMES M POWERS</u>, with its registered office at <u>1917 S. HARVARD OKLAHOMA CITY 73128 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>7th</u>, day of <u>August</u>, <u>2018</u>.

Secretary Of State

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