| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Requestor's Name) | | | | |
| O. J. My Dolly (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| 78.7-5 | | | | |
| / 0. / | | | | |
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Office Use Only



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COVER LETTER

| то: | Registration Sect Division of Corp | | | |
|--------------|--|--|--|--|
| SUBJ | ECT: | Roder L. INO | orner inc. | |
| | | Name of corporation - in | iust include suffix | |
| Dear S | ir or Madam: | | | |
| "Certif | ficate of Existence | on by Foreign Corporation for Au ," or "Certificate of Good Standin corporation to transact business i | g" and check are submitt | usiness in Florida," led to register the |
| Please | return all correspo | ondence concerning this matter to | the following: | |
| | | Name of Per | un K son | |
| | (| Name of Per Narry Agribudi Urm/Compa | ut, LLC | |
| | | (Milli/Compa | Obox 1011 | |
| - | | Address | Box Joll | |
| | | GIW, Mh | mn 36(31 | |
| | | City/State and | Zip code | |
| | <u></u> . | City/State and Mhywh E-mail address: (to be used-for | future annual report noti | fication) |
| For fu | orther information | concerning this matter, please cal | l: | |
| | Name of Person Area Code Daytime Telephone Number | | | 111 <u>0</u> |
| | Name of Perso | n Area Code | Daytime Telephor | ne Number |
| | STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL | porations g : Center Circle | MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL | cion orations |
| Enclo | osed is a check for | the following amount: | | . / |
| ☐ \$1 | 70.00 Filing Fee | _ | \$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

| (Enter name of co | POTATION; must include "INCORPORATED," "COMPANY," "CORPORATION," |
|--------------------|---|
| "Inc.," "Co.," "Co | .p," "Inc," "Co," or "Sorp.") |
| | |
| (If name unavailal | ole in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| | |
| (State or country | Mahanda 3 |
| | of incorporation) 5. (Date of duration, if other than perpetual) |
| (Date | |
| | 1997 (197000109174) |
| | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| | 818 N MCKen in Street, Frid, AT 345 He (Principal office address) |
| | V |
| | (Current mailing address, if different) |
| | · · · · · · · · · · · · · · · · · · · |
| . Name and stree | t address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name: | Joseph K. Man 21, Kig. |
| office Address: | JOO WEST MAYON GUNNE, SUITUDOO |
| | (Current mailing address, if different) I address of Florida registered agent: (P.O. Box NOT acceptable) Joseph R. Pan II, Kig Too West Marke Guld., Suit v 200 Winter Park R., Florida 31789 (City) (City) (City) (City) (City) (City) (City) |
| | (City) (Zip code) |
| | ent's acceptance: |
| | ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I |
| urther agree to c | omply with the provisions of all statutes relative to the proper and complete performance of my |
| uties, and I am f | amiliar with and accept the obligations of my position as registered agent. |
| | |
| - | (Registered agent's signature) |
| | |

under the law of which it is incorporated.

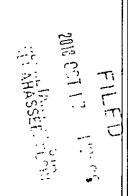
| 11. Names and business addresses of officers and/or directors: | Fu - |
|--|---|
| A. DIRECTORS | PILED 2010 TOT 17 TOTAL |
| Chairman: | |
| Address: | THASSEF TOO |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| Address. | |
| B. OFFICERS | |
| President: Royar Woorker | |
| | <u></u> |
| Folux, An 34536 | |
| Vice President: Noger W. Woorver | |
| Address: 818 N. Malunia Strut | |
| Foly, AL 3450Le | |
| | |
| Secretary: | |
| Address: | |
| Address: D.O. Box Jalle, Foky, A. | 31(31. |
| (| |
| NOTE: If necessary, you may attach an addendum to the application listing addi | tional officers and/or directors. |
| 12. Signature of Director or Officer | |
| The officer or director signing this document (and who is listed in number 11 about are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S. | ove) affirms that the facts stated herein it to the Department of State constitutes |
| 13. April Furik | 19 Table 10 |
| (Typed or printed name and capacity of person signing a | pplication) |

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Roger L. Woerner, Inc. was formed in Baldwin County, Alabama on December 17, 1999. The Alabama Entity Identification number for this entity is 206-867. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20181015000027666

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/15/2018

Date

J. H. Merill

John H. Merrill

Secretary of State