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2019 JAN 16 PM 3:51 SECRETARY OF STATE TALLAHASSEE, FLORID,

APPROVED AND FILED



COVER LETTER

TO: Registration Section	
CHANGE (GMO FGrms.	The
SUBJECT: Camo Farms, Name of corpora	tion - must include suffix
•	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
Please return all correspondence concerning this m	atter to the following:
Scott Wilson	e of Person
Camo Farms	
(gmo rarms;	Communic
PHIII	· A. ib/
73-80- S Oligno	in HUE #309
Tulsa OK-	14132
City/Sta	ate and Zip code
SUNSON 1523 @	sed for future annual report notification)
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Scott Wilson at 91 Name of Person Area	8 978-7128
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N 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	
"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)	
2. Oklahama 3. (FEI number, if applicable)	
4. (Date of incorporation) (Date of duration, if other than perpetual)	
6(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607.1502, F.S., to determine penalty liability)	
1	
7. 682 W (Principal office address) 200 2 Nd AVE South St. Petersburge Honda (Current mailing address, if different) 33	701
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lance Suphenson Office Address: 200 2nd Alc. South (City) (Zip code)	APPROVED
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity 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.	ce
secret	
(Registered agent's signature) 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction of State or other official having custody of corporate records in the jurisdiction.	n to tion

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS				
Chairman:				
Address;			_	
/ice Chairman:				
Address:				
			_	
Director;				
Address:				
Director:		NEC	2019	
Address:			A	A P
		SSE YRY	5	PRO
B. OFFICERS		OF S	P	9.4
President: Scott Wilson		OZE OZE OZE OZE OZE OZE OZE OZE OZE OZE	<u>က</u> က	
Address: 682 W 77 12 Sh Tulsu 0	4. 741	32	 -	
Fice President: Shawn UZZel				·
Address: 3439 & 877 St. Tulsa	a OK	741	<u>'3'</u>	7
Secretary;	· · · · · · · · · · · · · · · · · · ·			
Address:				
reasurer:				
Address:				
NOTE: If necessary your may attach an addendum to the application listing addi	tional officers	and/or d	irector	S.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 abo	was affirme the	n tha Cas	le eint.	ul barain
ire true and that he or she is aware that false information submitted in a documen				
third degree felony as provided for in s.817.155 F.S.				
(Typed or printed name and capacity of person signing a	pplication)			

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>CAMO FARMS, INC.</u> whose registered agent is <u>PETER W. BROLICK</u>, with its registered office at <u>502 W. SIXTH STREET TULSA</u> <u>74119 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>14th</u>, day of <u>January</u>, <u>2019</u>.

Secretary Of State