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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	A very apparature of the late		전 <u>:</u>
	Division of Cor Fax Number	rporations : (850)617-6383	
From:	Account Name Account Number Phone Fax Number	: CAPITOL SERVICES, INC. : 120160000017 : (855)498-5500 : (800)432-3622	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address:	 	
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FOREIGN PROFIT/NONPROFIT CORPORATION SOUTHERN SANDS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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

Texas	04	-3936940	
<u> </u>	y under the law of which it is incorporated)	(FEI number, if a	annlicable)
December 4, 20	19	•	-· ~
(Date	of incorporation)	(Date of duration, if other	er than perpetnal)
20 W. Wilskins 1	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Blvd., Suite 6, Oklahoma City, OK 73116	orida, if prior to registration) F.S., to determine penalty liab	
	<u> </u>	office address)	91 # 6 91 # 6
Name and stree	(Current mailing a et address of Florida registered agent: (P.O. I	ddress, if different) Box NOT acceptable)	
Name:	Capitol Corporate Services, Inc.	_	
	515 E. Park Ave., Floor 2	_	
fice Address:		 -	
fice Address:	Tallahassee,	32301 , Florida	

(Registered agent's signature)

of Capitol Corporate Services, Inc.

Kim Tadlock

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^{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.

A. DIRECTORS

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

Chairman:			
Address:			·—·
	rman:		
Address:			
Director:	Steve Shafer		_
Address:	430 W. Wilshire Blvd., Suite 6, Oklahoma City, Oklahoma 73116	>o. 20	
		2019 DE:	
Director:		<u> </u>	
Address:			<u> </u>
B. OFF		1 4: 46 1 0810A	
	Steve Shafer 430 W. Wilshire Blvd., Suite 6, Oklahoma City, Oklahoma 73116		
Address:			
Vice Pres	ident:		
Address:			
Secretary			
Address:	430 W. Wilshire Blvd., Suite 6, Oklahoma City, Oklahoma 73116		
Treasurer	:		
	If necessary, you may attach an adderdant to the application listing additional	l officers and/or direc	tors.
	Signature of Director or Officer	-	
are true	cer or director signing this document (and who is listed in number 11 above) a and that he or she is aware that false information submitted in a document to tegree felony as provided for in s.817.155, F.S.	offirms that the facts some of States of State	tated herein e constitutes
13. Ste	ve Shafer, President	etion)	
	(Typed or printed name and capacity of person signing applic	audilj	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Southern Sands, Inc. (file number 803485543), a Domestic For-Profit Corporation, was filed in this office on December 04, 2019.

It is further certified that the entity status in Texas is in existence.

2019 DEC 13 PM 4: 46
TALL TO SEEL LORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 13, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State