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Account#: 120000000088

Date: 02/14/2020

Name: Marcel Ogbonna-Amu

Reference #: 1187680

Entity Name: OAKRUN LIFE, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

FILED
2020 FEB 14 PM 4:47
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

Authorized Amount: \$70.00

Signature: *M R O.*

COVER LETTER

TO: Registration Section
Division of Corporations

OakRun Life, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan J. Macaulay

_____	Name of Person
Edwards Maxson Mago & Macaulay, LLP	
_____	Firm/Company
310 Park Avenue, #200	
_____	Address
River Forest, IL 60305	
_____	City/State and Zip code
smacaulay@em3law.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Susan J. Macaulay	at (312)	238-9200
_____	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.*

1. OakRun Life, Inc.
(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)
2. Wyoming 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/25/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10322 Sage Ct., Noblesville, IN 46060
(Principal office address)
Same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global, Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(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.

Christ Maraz, Asst. Secy.
(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.

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1020 FEB 14 PM 4:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Scott Rhodenizer ✓
Address: 10322 Sage Ct., Noblesville, IN 46060

Vice Chairman: Randy Bagley ✓
Address: 10322 Sage Ct., Noblesville, IN 46060

Director: Brock Bagley ✓
Address: 10322 Sage Ct., Noblesville, IN 46060

Director: Wycliff Cameron ✓
Address: 10322 Sage Ct., Noblesville, IN 46060

B. OFFICERS

President: Randy Bagley ✓
Address: 10322 Sage Ct., Noblesville, IN 46060

Vice President: Brock Bagley ✓
Address: 10322 Sage Ct., Noblesville, IN 46060

Secretary: Brock Bagley ✓
Address: 10322 Sage Ct., Noblesville, IN 46060

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Randy Bagley _____
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.

13. Randy Bagley, President
(Typed or printed name and capacity of person signing application)

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DEPARTMENT OF STATE
ALLAHABAD, FLORIDA

OAKRUN LIFE, INC.

Additional Directors

Peter Chin ✓
10322 Sage Ct., Noblesville, IN 46060

Robert Chin ✓
10322 Sage Ct., Noblesville, IN 46060

Dana Campbell, M.D.
10322 Sage Ct., Noblesville, IN 46060

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

OakRun Life, Inc.

is a


Profit Corporation

formed or qualified under the laws of Wyoming did on **May 25, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000858164**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of February, 2020 at 12:00 PM. This certificate is assigned ID Number **034823631**.




Secretary of State