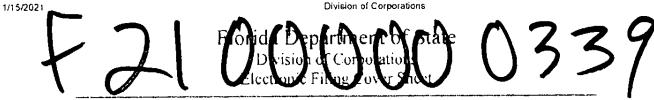
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From: James Tanks III

Division of Corporations



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From:

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FOREIGN PROFIT/NONPROFIT CORPORATION

Blossman Services, Inc.

Certificate of Status	0
Certified Copy	1
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From: James Tanks III

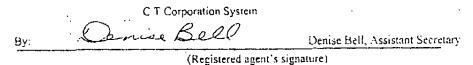
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Blossman Service			
	orporation; must include "INCORPORATED," "(orp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business i	n Florida)
Mississippi	3		
02/13/1985	, ,	(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, it other than perpet	ualj
·			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Ave., Ocean Springs, MS 39564		
	(SEE SECTIONS 607.1501 & 607.1502 Ave., Ocean Springs, MS 39564		
	(SEE SECTIONS 607.1501 & 607.1502 Ave., Ocean Springs, MS 39564 (Principal)	F.S., to determine penalty liability)	202:
809 Washington	(SEE SECTIONS 607.1501 & 607.1502 Ave., Ocean Springs, MS 39564 (Principal)	F.S., to determine penalty liability) office address) ddress, if different)	
809 Washington	(SEE SECTIONS 607.1501 & 607.1502 Ave., Ocean Springs, MS 39564 (Principal) (Current mailing a	F.S., to determine penalty liability) office address) ddress, if different)	202: 3.7.15
809 Washington Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502 Ave., Ocean Springs, MS 39564 (Principal of Current mailing a address of Florida registered agent: (P.O. 6)	F.S., to determine penalty liability) office address) ddress, if different)	202: 3.7.15
809 Washington	(SEE SECTIONS 607.1501 & 607.1502 Ave., Ocean Springs, MS 39564 (Principal of Current mailing a det address of Florida registered agent: (P.O. In C. T. Corporation System)	F.S., to determine penalty liability) office address) ddress, if different)	

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.



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.

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

	809 Washington Ave.	
'ess:	Ocean Springs, MS 39564	
O1 .	David M. Reynolds	
	rman:	
essi	Ocean Springs, MS 39564	
	Todd M. Reinkle	
ctor:	809 Washington Ave.	
ess:	Ocean Springs, MS 39564	
tor:	Frank J. Parent	
	809 Washington Ave.	
css:	Ocean Springs, MS 39564	
)FF dent	ICERS Stuart E. Weidie	
ess:	809 Washington Ave.	26
630.	Ocean Springs, MS 39564	<u></u>
Pres	David M. Reynolds ident:	·
ess:	809 Washington Ave.	
L.3.1 ,	Ocean Springs, MS 39564	چې چې
tary	Todd M. Reinke	30
ess:	809 Washington Ave. Ocean Springs, MS 39564	<u></u>
surer	Frank J. Parent	
ress:	809 Washington Ave. Ocean Springs, MS 39564	
	If necessary you may attach an addendem to the application listing additional officers	and/or directors.
	Signature of Director or Officer	
offi	eer or director signing this document (and who is listed in number 11 above) affirms th and that he or she is aware that false information submitted in a document to the Depar	at the facts stated herein timent of State constitutes
ird d	egree felony as provided for in s.817.155, F.S.	



From: James Tanks III



Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 13th day of February, 1985, the State of Mississippi issued a Charter/ Certificate of Authority to:

BLOSSMAN SERVICES, INC.

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That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence oren has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Blossman Services, Inc. is in good standing at this time.

> Given under my hand and seal of office the 15th day of January, 2021

Michael Watson

Certificate Number: CN21100802

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx