F21000004503

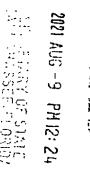
| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| Coeld I | | | | | | |

Office Use Only



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AUG -9 2021 M. SOLOMON

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Acton Development In | <i>C</i> , |
| Name of corporation - mu | |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for Author"Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in I | and check are submitted to register the |
| Please return all correspondence concerning this matter to the | e following: |
| Darrell M. Trex | nt . |
| Name of Perso | on . |
| Acton Develop | oment Inc |
| Firm/Company | |
| 107 W. 11th Street | t |
| Address | |
| Pittsburg, KS (City/State and Zi | 20/01 |
| City/State and Zi | p code |
| E-mail address: (to be used for full | D.COM |
| ti-mail address: (to be used for ful | ture annual report notification) |
| For further information concerning this matter, please call: | |
| Amy Gill at (1020) | 231-8640 |
| Name of Person Area Code | Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| | STATE 3.75 Filing Fee & |

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. Hoton Development 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. Leave of country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| | |
| (Date of incorporation) (Date of duration, if other than perpetual) | |
| 6. January 1 St , 2021 (Date first transacted business in Florida, if prior to registration) | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | |
| 7. 107 W. 11th Street, Pittsburg, KS 166762 (Principal office street address) | |
| | |
| Same as above (Current mailing address, if different) | |
| Content mining address, a directory | |
| 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: CT Corporation System | |
| Name: CT Corporation System | Ī |
| Office Address: 1200 South Pine Island Road | ļ., |
| Office Address: 1200 South Pine Island Road 78 78 79 <th>Ĺ</th> | Ĺ |
| (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. | 1 |
| further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut and I am familiar with and accept the obligations of my position as registered agent. | ies, |
| and the state of the following the state of | |
| Christine Kalmi Assessant Secretary | |
| (Registered agent's signature) | |
| 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application | |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

| A. DIRECTORS | • | | | | | |
|--------------------|--|-------------------------|----------------------|--|-------------|--------------|
| Chairman | Name: Darrell M. Trent | □Chairman | Name: | | | _ |
| □Vice Chairman | Address: 107 W. 11th Street | □Vice Chairman | Address: | | | _ |
| □Director | Pittsburg, KS 66762 | □Director | | | | |
| □President | | □President | | | | _ |
| □Vice President | | □Vice President | | | | |
| Secretary | □Treasurer | ☐ Secretary | | □Treasurer | | |
| □Other | □Other | Other | | Other | | |
| □Chairman | Name: Darrell M. Trent | □Chairman | | | | |
| □Vice Chairman | Address: 107 W. 11th Street | □Vice Chairman | Address: | | | |
| □Director | Pittsburg, KS 66762 | □Director | | - | | |
| ☑President | | □President | | | | |
| □Vice President | | □Vice President | | | | — |
| Secretary | ☐ Treasurer | Secretary | | ☐Treasurer | | |
| □Other | | □Other | | □Other <u>i2:</u> | ; | _ |
| □Chairman | Name: | □Chairman | Name: | 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2 | AUG -9 | <u> </u> |
| □Vice Chairman | | □Vice Chairman | | 19.55 7.75 | TI. | |
| ☐ Director | | □Director | | | 12: 2 | ز. |
| | | □President | | | Ŧ. | |
| □President | | □ Vice President | | | | |
| | Filt | Secretary | | □Treasurer | | |
| Secretary | []Treasurer []Other | □ Other | | □Other | | |
| Other | | | | | | |
| individuals may b | Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm | ent of State Annual I | Report form. | | | |
| 12. | Signature of Director | or Officer | | | | |
| The officer or dir | ector signing this document (and who is listed in numb false information submitted in a document to the Depar | er 11 above) affirms | that the facts state | ed herein are true | and that l | he or |
| 13 | (Typed or printed name and capacity of pers | son signing application | on) | | | |
| | (1) has a human min calment, as had | | • | | | |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACTON DEVELOPMENT, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JULY, A.D. 2021.

Authentication: 203707978

Date: 07-19-21



June 8, 2021

DARRELL M. TRENT ACTION DEVELOPMENT, INC. 107 W. 11TH STREET PITTSBURG, KS 66762

SUBJECT: ACT ON DEVELOPMENT, INC.

Ref. Number: W21000082916

We have received your document for ACT ON DEVELOPMENT, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

2000

Letter Number: 321A00012460