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S. FRANKLIN APR 1 0 2022

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: All-Star Disas	ter Restoration, Inc.		
SOBJECT:	Name of corporation	- must include suffix	
Dear Sir or Madam:			
	r "Certificate of Good Stand	Authorization to Transact Business in ding" and check are submitted to regists in Florida.	
Please return all correspond	ence concerning this matter	to the following:	
Morgan Orender			
	Name of F	Person	
Orender Law, PLLC			
	Firm/Com	pany	
3832 Baymeadows Road, Suit	e 10 #112		202
	Addre	SS	
Jacksonville, FL 32217			· · · · · · · · · · · · · · · · · · ·
·	City/State an	nd Zip code	2022 HAR 18 PH 11: 22
zach@allstardr.com			PH
	-mail address: (to be used for	or future annual report notification)	771
For further information cond	erning this matter, please ca	all:	22
Morgan Orender	at (⁹⁰⁴	476-4040	
Name of Person	Area Code	e 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	
Enclosed is a check for the filese make check payable to: \$\Bigsir \\$70.00 \text{ Filing Fee} \Bigsir \Bigsir \$	FLORIDA DEPARTMENT	l \$78.75 Filing Fee & ☐ \$87.50 Certified Copy Certific	Filing Fee, sate of Status &

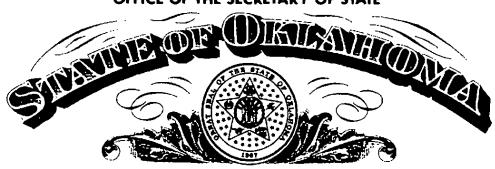
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(State or country under the law of which it is incorporated) August 28, 2017 (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 420 E. 9th Street, Tulsa, OK 74112 (Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Name: Morgan Orender	It`name unavail	able in Florida, enter alternate corporate na		ing business in Fl	orida)	
(State or country under the law of which it is incorporated) (FEI number, if applicable) August 28, 2017 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 420 E. 9th Street, Tulsa, OK 74112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Orender 7845 Baymeadows Way	Oklahoma		82-2624009 8			
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 420 E. 9th Street, Tulsa, OK 74112 (Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Name: 7845 Baymeadows Way Jacksonville (City) Florida 32256 (Zip code) The person of the perpetual)		•) (FEI number, if a	ipplicable)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 420 E. 9th Street, Tulsa, OK 74112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Orender 27 28 28 28 28 28 28 28			5			
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(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Orender 22		(SEE SECTIONS 607.1501 & 60		lity)		
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Orender 22	420 E. 9th Stree	t, Tulsa, OK 74112				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Morgan Orender Florida Morgan Orender Morgan Or			office street address)	·		
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Jacksonville , Florida 32256 (City) (Zip code)		(Current ma	ailing address, if different)			
City) Florida 32256 (City) (Zip code)	Name and <u>stre</u>				202	
City) Florida 32256 (City) (Zip code)		et address of Florida registered agent: (<u>ā</u> :	2022 H	
r-, (1)	Name:	et address of Florida registered agent: (Mil.	2022 HAR	
r-, (1)		et address of Florida registered agent: (Morgan Orender 7845 Baymeadows Way		ALC 194		
r-, (1)	Name:	et address of Florida registered agent: (Morgan Orender 7845 Baymeadows Way Jacksonville	(P.O. Box <u>NOT</u> acceptable) , Florida 32256	Mile Physica		
	Name:	et address of Florida registered agent: (Morgan Orender 7845 Baymeadows Way Jacksonville	(P.O. Box <u>NOT</u> acceptable) , Florida 32256	ALC PASSIFIE		
	Name: ice Address: Registered ag	Morgan Orender 7845 Baymeadows Way Jacksonville (City)	(P.O. Box <u>NOT</u> acceptable) , Florida 32256 (Zip code)	ed corporation of	PM 11: 22	
gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capa	Name: ice Address: Registered agoing been nan ignated in this	Morgan Orender 7845 Baymeadows Way Jacksonville (City) ent's acceptance: sed as registered agent and to accept see application, I hereby accept the appoint	(P.O. Box NOT acceptable) Florida 32256 (Zip code) ervice of process for the above state intment as registered agent and ag	ree to act in this	PM 11: 22 at the scapa	
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m I am familiar with and accept the obligations of my position as registered agent.	Name: ice Address: Registered agving been nan ignated in this ther agree to c	Morgan Orender 7845 Baymeadows Way Jacksonville (City) ent's acceptance: sed as registered agent and to accept se application, I hereby accept the appointment of all statutes.	(P.O. Box NOT acceptable) Florida 32256 (Zip code) ervice of process for the above state intment as registered agent and ages relative to the proper and complex.	ree to act in this	PM 11: 22 at the scapa	

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					
Chairman	Name: Nathan Butterfield	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	5420 E. 9th Street, Tulsa, OK 74112	□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	☐ Secretary		Treasurer	
□Other	Other	□Other	<u>-</u>	□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
☐ Director		□Director			
□President		□President		022 HAR	
□Vice President	Market and the second s	□Vice President			
□Secretary	☐Treasurer	□Secretary		© Trêasurer p	
□Other	Other	Other		HII 22	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other		□Other		□Other	
individuals may be	Use an attachment to report more than six (6). The attached to the index when filing your Florida Departme			urposes only. Non-indexed	
	Signature of Director of	r Officer			
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in number also information submitted in a document to the Depart erfield, Director				



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>ALL-STAR DISASTER RESTORATION, INC.</u> whose registered agent is <u>ZACH WASHBURN</u>, with its registered office at <u>5420 E.</u> <u>9TH ST_TULSA 74112_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>March</u>, <u>2022</u>.

Secretary Of State

Powin Tologun

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