F22000003660

(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:
N27000 054770

Office Use Only



500385018185

04/15/22--01017--011 ++70.00

2022 KAY 20 PH 7: 06

S. FRANKLIN
JUN 1 3 2022

2 4/2/2

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: Python Corporat	on		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	'Certificate of Good Star	iding" and check are sub	
Please return all corresponden	ce concerning this matter	to the following:	
Jason Lambert			
	Name of	Person	2
Dinsmore & Shohl LLP			022
	Firm/Con	ipany	2022 11:17 20
201 N. Franklin St. Ste. 3050			20
Address Tampa, FL 33602			
jason.lambert@dinsmore.com	City/State a	nd Zip code	P:: 7:06
-	nail address: (to be used)	for future annual report r	notification)
For further information concer		·	
Jason Lambert	at (⁸¹³) 543-9823 Daytime Telephone Number	
Name of Person	Area Cod	e Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
-	ORIDA DEPARTMENT	OF STATE S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status of 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.

•	ible in Florida, enter alternate corporate name a	adopted for the purpose of transacting busines	ss in Florida)		
Louisiana	3.				
(State or countr	y under the law of which it is incorporated) (FEI number, if applicable)				
087/1986	5.	(Date of duration, if other than perpetual)			
(Date	of incorporation)	(Date of duration, if other than perp	(Date of duration, if other than perpetual)		
None					
	(Date first transacted business in	r Florida, if prior to registration) 502, F.S., to determine penalty liability)			
29279 HWY 190	LACOMBE, LA 70445	oz. 1.5., to determine penanty habiting,	2022 14:14 20		
	(Principal offi	ce <u>street</u> address)	7		
29279 HWY 190	LACOMBE, LA 70445				
	(Current mailin	g address, if different)			
			PN 7: 06		
Name and street	<u>t address</u> of Florida registered agent: (P.C	D. Box NOT acceptable)	7:0		
Name:	Jason Lambert	•	5		
office Address:	201 N. Franklin St. Stc. 3050				
	Tampa	. Florida <u>33602</u> (Zip code)			
	(City)	1 1011Git			

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.

4/8/2022

(Registered agent's signature)

DocuSign Envelope IC. C0825E21-1380-4DFC-B9A4-2AA234ABBE76

A. DIRECTORS

□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 286 Ray's Camp Road	□Vice Chairman					
□Director	Coushatta LA 71019	□Director					
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other		□Other		□Other			
□Chairman □Vice Chairman □Director □President	Allan Paul Wright 67111 Hwy 434 Address: Lacombe, LA 70445	□ Chairman □ Vice Chairman □ Director □ President	Address:				
□Vice President		□Vice President	-	20			
Secretary	☐Treasurer	☐ Secretary		□Treasure.			
□Other	Other	□Other		□Other □			
□Chairman □Vice Chairman □Director	Name: Thomas David Harvey Address: 286 Ray's Camp Road Coushatta LA 71019	□Chairman □Vice Chairman □Director	Name:	PH 7:			
□President		□President					
□Vice President		□Vice President					
□Secretary	■Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 4/8/2022 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.

Thomas David Harvey as Treasurer of Python Corporation



As Secretary of State of the State of Louisiana, I do hereby Certify that

PYTHON CORPORATION

A corporation domiciled in LACOMBE, LOUISIANA,

Filed charter and qualified to do business in this State on August 07, 1986,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 8, 2022

Certificate ID: 11553934#NJ62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

L 12 Le Mar Secretary of State

Web 34215581D