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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	THE BAIN LAW FIRM, P.C			
30001.01.	Name o	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standi	ng" and check are subn	t Business in Florida." nitted to register the
Please return	all correspondence concerní	ng this matter to	o the following:	
KRISTI L. BE	NSON, ESQ.			
		Name of Po	erson	
BREWERLON	NG PLLC			-2
		Firm/Comp	any	
407 WEKIVA	SPRINGS RD STE 241			,
		Addres	S	مر. اند
LONGWOOD	, FLORIDA 32779			っ
		City/State and	l Zip code	
KRISTI@BRI	EWERLONG.COM			
	E-mail address	: (to be used fo	r future annual report n	otification)
For further in	formation concerning this m	atter, please ca	II:	
KRISTI L. BE	NSON, ESQ.	at (Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Teleph	ione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amo neck payable to: FLORIDA DI ing Fee	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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. THE BAIN LAV	<u></u>		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"	
THE BAIN LAV	V FIRM, P.C., CORP.		
(If name unavaila	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busin	ness in Florida)
2. TEXAS	3. 76-0694094		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable	e)
4. OCTOBER 9, 20	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
5	(Date first transacted business in f		
1 1000 500 171 199	(SEE SECTIONS 607.1501 & 607.150		
7	EST FREEWAY, SUITE 450, SUGAR LAND.	2 street address)	
	(Principal office	e <u>street</u> augress)	
	(Current mailing	address, if different)	······································
	_		·
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	,
Name:	DALE DELANEY		· <u>·</u>
Office Address:	7635 141ST N		
office Address.	SEMINOLE	 33776	,-
	(City)	Florida 33776 (Zip code)	
	(O.g.)	(12.p 11.00)	
Having been nam designated in this further agree to c	ent's acceptance: yed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agree to a lative to the proper and complete perj	et in this capacity. I
	Dale Delaney	nature)	
	(Registered agent's sig	nature)	
IO Attached is a	certificate of existence duly authenticated, n	ot more than 90 days prior to delivery	of this application t

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 STEPHEN D. BAIN Name: __ Name: _____ □ Chairman □ Chairman 14090 SOUTHWEST FREEWAY □Vice Chairman Address: _____ □Vice Chairman Address: _ SUITE 450, SUGAR LAND, TX 77478 □Director Director President □President □Vice President □ Vice President □ Secretary □Treasurer □ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other_____ □ Chairman Name: ☐ Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: ______ □ Director □ Director □President □ President □Vice President □ Vice President __ ☐ Treasurer ¹⁷ □ Secretary ☐Treasurer □ Secretary □Other ____ □Other _____ □Other _____ ☐Other _____ \Box Chairman □Chairman Name: ______ Name: _____ □Vice Chairman Address: □ Vice Chairman Address: _____ □Director □ Director □President □President □Vice President ___ □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □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. 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 \$,817,155, F.S.

STEPHEN D. BAIN, PRESIDENT AND DIRECTOR

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for The Bain Law Firm, P.C. (file number 800018119), a Domestic Professional Corporation, was filed in this office on October 09, 2001.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 06, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza
Deputy Secretary of State