F23000006696

| (Red | uestor's Name) | |
|---------------------------|------------------|-------------|
| | | |
| (Add | lress) | |
| (Add | lress) | <u></u> |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600418939616

11/14/23--01037--002 **78.75

COVER LETTER

86805

| _ | stration Section sion of Corpora | ations | _ | | |
|-----------------|-------------------------------------|---|--|-----------------------------------|--|
| SUBJECT: | X1 | Va MI | le Inc. | | |
| 0000001. | <u> </u> | Name o | le, Inc. f corporation - mus | t include suffix | |
| Dear Sir or N | | | | | |
| "Certificate of | of Existence," o | or "Certificate of | | and check are submi | Business in Florida," tted to register the |
| Please return | | _ | ng this matter to the | following: | |
| | -/00 | dd K. | Brown | <u> </u> | |
| | Xti | a Mile | Name of Person Firm/Company | | |
| | 317 | 7 Boct | Firm/Company | Qr. | |
| | Union | stown | Her Oaks OH 440 | 685 | |
| | | | City/State and Zip | code noines-cu | |
| • | Todd. | Brown | Q Wayner | noines co | ' ጎ |
| | Е | -mail address: | (to be used for futu | re annual report noti | fication) |
| For further in | formation conc | erning this ma | itter, please call: | | |
| Todd | R. Bra | المالدة | 330 | 896-701 | ′/ |
| Nam | e of Person | | Area Code | Daytime Telephor | e Number |
| Regis | EET/COURIE stration Section | | : | MAILING ADD Registration Sect | |
| | tion of Corpora Centre of Tallah | | | Division of Corp P.O. Box 6327 | orations |
| 2415 | N. Monroe Strohassee, FL 323 | eet, Suite 810 | | Tallahassee, FL | 32314 |
| | | FLORIDA DEI \$78.75 Filing Certificate of | Fee & \$\forall \$\forall \text{\$\forall \text{ | 5 Filing Fee &) | □ \$87.50 Filing Fee, Certificate of Status & Certified Copy |
| | | F | Peturn | ay win | day 11/6/23 Brown |

· APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | REIGN CORPORATION TO TRANSACT BU | | | 10 |
|----------------------|---|--|---------------|-------------|
| 1. <u>11/</u> | a Mile Ini. | | | |
| (Enter name of co | orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | |
| | | | | |
| | | | | |
| (If name unavaila | ble in Florida, enter alternate corporate name ad | opted for the purpose of transacting bu | siness in Flo | orida) |
| 2. (State or country | y under the law of which it is incorporated) | (FBI number, if applica | able) | |
| 3/1/ | V / 12 | N/A | ioic) | |
| 4. Date | of incorporation) 5 | (Date of duration, if other than | perpetual) | |
| $_{6}$ N/A | , , | | | |
| · | (Date first transacted business in F | | | |
| 2007 | (SEE SECTIONS 607.1501 & 607.1507 | 2, F.S., to determine penalty liability) | 8 | |
| 7. 2777 | (Principal office | street address) | <u>"</u> | |
| Same | 1 | · · · · · · · · · · · · · · · · · · · | | |
| | (Current mailing | address, if different) | , | <u> </u> 26 |
| | | | , | AON EZAZ |
| 8. Name and stree | t address of Florida registered agent: (P.O.) | Box <u>NQT</u> acceptable) | - | 1 A0 |
| Name: | C T Corporation System | <u> </u> | • | <u>.</u> |
| Office Address: | 1200 South Pine Island Road | | | AH II: |
| | Plantation | , Florida <u>833324</u> | - | |
| | (City) | (Zip code) | | ₽" |
| 9. Registered age | nt's acceptance: | | | |
| | ed as registered agent and to accept service application, I hereby accept the appointme. | | | |
| further agree to co | omply with the provisions of all statutes rela | ative to the proper and complete pe | | |
| and I am familiar | with and accept the obligations of my posit | ion as registered agent. | | |
| | <u>(</u> | Snise Bell | | |
| De | enise Bell, Assistant Secretary | service sect | _ | |
| | (Registered agent's sign | ature) | | |

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

| Vice Chairman Address: 3177 Bod Ha Who B Director Vice President Vice President Vice President Vice President Vice Chairman Name: Vice Chairman Address: Vice Chairman Address: Vice Chairman Address: Vice President Vice President Vice Chairman Address: Vice Chairman Address: Vice Chairman Address: | A. DIRECTORS | | | | | |
|--|--|--------------------------|------------|--|--|--|
| Director | Chairman Name: Ocolge Murphy | □Chairman Name: | | | | |
| President | | □Vice Chairman Address: | | | | |
| Ovice President Ovice President Ovice President Ovice President Ovice Chairman Name: Ovice Chairman Address: 3177 Booth to Calls Director Ovice President Ovice Chairman Name: Ovice Chairman Address: 3777 Booth to May 1 Ovice Chairman Address: Ovice Chairman Ovice Chairman Address: Ovice Chairman Ovice Chairman Ovice Chairman Ovice President Ovice Preside | Director Union to win OH 44685 | □ Director | | | | |
| Chairman Name: | □ President | □ President | | | | |
| Chairman Name: Maly Custles Chairman Name: Chairman Chair | □Vice President | □Vice President | | | | |
| Chairman Name: Name: Name: Chairman Name: Chair | □ Secretary □ Treasurer | Secretary | □Treasurer | | | |
| Director Inion frum, bit 441685 Director President President Vice President Vice President Secretary Treasurer Secretary Treasurer Other | *Other President & CEO Dother | □ Other | □Other | | | |
| Director Inion frum, bit 441685 Director President President Vice President Vice President Secretary Treasurer Secretary Treasurer Other | | | | | | |
| Director Inion frum, bit 441685 Director President President Vice President Vice President Secretary Treasurer Secretary Treasurer Other | Chairman Name: 1 Valy Cossbon | ☐Chairman Name: | | | | |
| President President Vice Chairman Vice Chairma | Uvice Chairman Address: 3177 Boettle Oaks Dr. | □Vice Chairman Address: | | | | |
| Vice President | Director Union town OH 44685 | □ Director | | | | |
| Secretary | □President | ☐President | | | | |
| Other COU | □Vice President | □ Vice President | | | | |
| Chairman Name: Ioda Brown Chairman Name: Wice Chairman Address: 3777 Boct | □ Secretary □ Treasurer | Secretary | ☐Treasurer | | | |
| Vice Chairman Address: 3777 Boct the late Vice Chairman Address: Director Uninform OH UHL 85 Director Director Dire | Other COO Other | □Other | Other | | | |
| Vice Chairman Address: 3777 Boct the late Vice Chairman Address: Director Uninform OH UHL 85 Director Director Dire | | | | | | |
| Director Dother Doth | Ochairman Name: Toda Brown | □Chairman Name: | | | | |
| President President Vice President Vice President Presid | DVice Chairman Address: 3777 Boether Oaky D. | □ Vice Chairman Address: | | | | |
| Vice President Vice President Secretary Treasurer Secretary Other Other Other Other Other Important Notice: se 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 Signature of Director or Officer Signature of Director or Officer State Annual Report form. Signature of Director or Officer State Annual Report form. Signature of Director or Officer State Annual Report form. Signature of Director or Officer State Annual Report form. Signature of Director or Officer State Constitutes at 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. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes at third degree felony as provided for in s.817.155, F.S. South Brown Government of State Constitutes | Director Unintown, OH 44685 | □Director | | | | |
| Secretary | □ President | □ President | | | | |
| Other | □Vice President | □Vice President | | | | |
| 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. 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. 13. 3. 3. 3. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. | ☐ Secretary ☐ Treasurer | ☐ Secretary | ☐Treasurer | | | |
| 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. 13. | Other Other | ☐ Other | Other | | | |
| 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. 13. | individuals may be added to the index when filing your Florida Department of State Annual Report form. | | | | | |
| 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. 13 | Signature of Director or Officer | | | | | |
| | s.817.155, F.S. | | | | | |
| (.) has as here as more submered as hereast sibling abhitemond | | | | | | |

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show XTRA MILE, INC., an Ohio corporation, Charter No. 2183498, having its principal location in Jackson Township, County of Stark, was incorporated on March 18, 2013 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of November, A.D. 2023.

Ohio Secretary of State

1 for

Validation Number: 202330602642



JATE: 03/21/2013

DOCUMENT ID 201308000009

DESCRIPTION DOMESTIC ARTICLES/FOR PROFIT (ARF)

FILING 650.00

EXPED 00.

PENALTY

CERT .00

COPY

Receipt

This is not a bill. Please do not remit payment.

FRED H. ZOLLINGER, JR. PO BOX 2985 NORTH CANTON, OH 44720

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2183498

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

XTRA MILE, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

201308000009

Effective Date: 03/18/2013



United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of March, A.D. 2013.

Ohio Secretary of State