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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future Earnual report mailings. Enter only one email address please.\*\*

FOREIGN PROFIT/NONPROFIT CORPORATION DAIGLE & ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

## 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.

(If name unavail Mississi	able in Florida, enter alternate corporate name adop	•	•	-
(State or count	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)	<b></b>
9/29/19	76 5	(Date of duration, if other	than perpetual)	_
(Dak	or medipolation)	(Dute of outmon, it when	tikii perpetian	
·	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, 1	rida, if prior to registration)	lity)	-
7901 4th	St N STE 300 St. Petersb		ov i t	
· <del></del> -	(Principal office st	reet address)		_
7901 4th S	t N STE 300 St. Petersburg, FL 3			
	(Current mailing ad-	aress, if different)		
. Name and stre	et address of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)		
Name:	Registered Agents Inc	_		
Office Address:	7901 4th St N STE 300	_	~1	:
	St. Petersburg	, Florida 33702 (Zip code)	<u>1924 SEP 20</u>	
	(City)	(Zip code)	Ä	<u>.</u> .
. Registered ag	ent's acceptance:		20	•
	ned as registered agent and to accept service of application, I hereby accept the appointment			
ocianatod in thu	comply with the provisions of all statutes relati			
irther agree to c	with and accept the obligations of my position		-1-	

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.

9/20/2024 10:32:33 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

A. DIRECTORS							
□Chairman	Name: DAIGLE Jr., EDDIE	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
<b>X</b> Director	St. Petersburg FL 33702	∐Director					
<b>X</b> President		□President					
□Vice President		□Vice President		<u>.</u>			
※ Secretary	☆ Treasurer	Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□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		Other			
□Chairman	Name:	□Chainnan	Name <sup>-</sup>				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐ Treasurer	☐ Secretary		□Treasurer			
Other	Other	□Other	<del></del>	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.  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.



## Office of the Secretary of State Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 29th day of September, 1976, the State of Mississippi issued a Charter/ Certificate of Authority to:

## DAIGLE & ASSOCIATES, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said DAIGLE & ASSOCIATES, INC. is in good standing at this time.

Given under my hand and seal of office the 20th day of September, 2024

Michael Watson

Certificate Number: CN24197136

Verify this certificate online at http://corp.sos.nw.gov/corpconv/verifycertificate.aspx