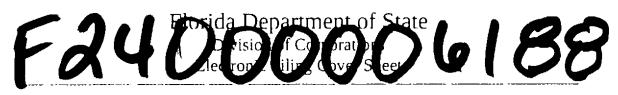
Division of Corporations



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(((H24000401710 3)))



H240004017103ABCT

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

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/·					
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FOREIGN PROFIT/NONPROFIT CORPORATION N.L.M.S., INC.

Certificate of Status	0
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/2024 16:07.46 PST * To: 18506176383 Page: 2/4 Fax: 8134365206

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 unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ness in Florida)
Ohio	y under the law of which it is incorporated)		
	y under the law of which it is incorporated)	(FEI number, if applicable	c)
12/22/2006	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other than po	rpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Bethel, OH 45106	orida, if prior to registration) , F.S., to determine penalty liability)	
	(Principal office	street address)	
	(Current mailing a	ddress, if different)	201
	t <u>address</u> of Florida registered agent: (P.O. I Registered Agents Inc	Box <u>NOT</u> acceptable)	2024 DEC -1
Name: fice Address:	7901 4th St N STE 300	_ .	6 AH
	St. Petersburg	 , Florida	5: 21
	(City)	(Zip code)	

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.

24 16:07 46 PST •		To: 18506176383	Page: 3/4	Fax: 8134365206
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A. DIRECTORS					
□Chairman	Name:	Chairman	Name:	E Merrill	
□Vice Chairman	Address:	□Vice Chairman	Address:		
⊠ Director	340 S UNION ST	UDirector	340 S UNION ST Bethel, OH 45106		
⊘ President	Bethel, OH 45106	President			
□Vice President		□Vice President			
⊠ Secretary	□Treasurer	☐ Secretary		Z 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	
□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	
	Use an attachment to report more than six (6) added to the index when filing your Florida			purposes only, Non-indexed	
12.	Sistature of	i Merrill			
The officer or direc	signature of a signing this document (and who is listed also information submitted in a document to the significant content to the significant in the significant content to the significant in the significant content to the significant content in the significant co	in number 11 above) affirms the			

/2024 16:07,48 PST • . . . To. 18506176383 Page: 4/4 Fax: 8134365206

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 N.L.M.S., INC., an Ohio corporation, Charter No. 1668848, having its principal location in Bethel, County of Clermont, was incorporated on December 22, 2006 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 30th day of September, A.D. 2024.

Ohio Secretary of State

1 flore

Validation Number: 202427410310