F99000005644

To: Registration Section Division of Corporations	
SUBJECT: McBride & Son.	s Const. Co.
(Name	of corporation - must include suffix)
Dear Sir or Madam: The enclosed "Application by Foreign Cor "Certificate of Existence", and check are s transact business in Florida.	-10/27/9901065009 ******87.50 *****87.50 rporation for Authorization to Transact Business in Florida", ubmitted to register the above referenced foreign corporation to
Please return all correspondence concernin	g this matter to the following:
Don M	McBride
	(Name of Person)
McBrid	de & Sons Const. Co. (Firm/Company) Commerce Blvd.
	(Firm/Company)
2905 (Commerce Blvd.
	(Address)
Guthri	(Address) Le, OK 73044 (City/State/Zip) (City/State/Zip)
	(City/State/Zip)
Should you need to call someone concerning Don McBride -or- Sue Smith at	
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amour	nt:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing F Certificate of S	

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.

(State or country under the law of which it is incorporated) 2. Oklahoma (State or country under the law of which it is incorporated) 3. 73-1190492 (State or country under the law of which it is incorporated) 4. Sep. 22, 1983	1	1 McBride & Sons Const. Co.						
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2	(Nai							
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(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Sep. 22, 1983 (Date of incorporation) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 2905 Commerce Blvd. Guthrie, OK 73044 (Principal office address) b. 2905 Commerce Blvd. Guthrie, OK 73044 (Current mailing address) 8. Storm sewer, curb & gutter, base stabilization, and laying asphalt parking lots (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Lorrie McBride Office Address: 4819 N.E. 21st Avenue, Apt.9 Fort Lauderdale , Florida 33308 (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designates in this application, I hereby accept the appointment as registered agent and agree to act in this capaciny. I further agree to act in this capaciny.	natu	ıral person	or partnership if not so con	tained in the name a	t present	i.)	•	
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comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian with	in this a	pplication,	I hereby accept the appoin	ntment as registered	agent a	or the above stated corpor nd agree to act in this can	unon at the place designated	
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	comply w	with the pr	ovisions of all statutes rela	tive to the proper an	d comp	lete performance of my du	ties, and I am familiar with	

(Registered agent's signature)

and accept the obligations of my position as registered agent.

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECT	ORS	SECRETARY OF STATE
Chairman: _	Don McBride	DIVISION OF CORPORATIONS
Address:	1514 N. Washington	99 OCT 27 PM 2: 00
	Edmond, OK 73034	
Vice Chairma	m:Tim McBride	_
Address:	AGG N Plates	
	Chandler OK 7/83/	
Director:	.	
Address:	601 S. Vista Lane Lot #238	
	Edmond, OK 73034	
Director:		
B. OFFICE	RS	
President:		
Address:	1514 N. Washington	
	Edmond, OK 73034	
Vice President:	: Tim McBride	
Address:	406 N. Blaine	
	Chandler, OK 74834	
Secretary:	Lisa McBride	
Address:	601 South Vista Lane, Lot # 238	
	Edmond, OK 73034	
Treasurer:	Don McBride	
	4 4 4 4 4 4 4 4	
	Edmond, OK 73034	
NOTE: If nec	essary, you may attach an addendum to the application listing	
1.4	(Signature of Chairman, Vice Chairman, or any officer liste	ed in number 12 of the application)
14	Don McBride, President (Typed or printed name and capacity of p	erson signing application)

