# M14000001309

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600256910436

02/25/14--01020--012 \*\*130.00

SECRETARY OF STATE ON SECRETARY OF COMPORATIONS

9/2/G

### MASON HARRISON RATLIFF ENTERPRISES, LLC

P.O. BOX 22775 OKLAHOMA CITY, OKLAHOMA 73123-1775

RALPH L. MASON H. MAX (Chuck) HARRISON REEDER E. RATLIFF

(405) 722-9390 OFFICE (405) 720-9113 FAX

February 24, 2014

#### Via Federal Express 850-245-6051

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: F

Foreign LLC Qualification for

SDI SOUTH CRESTVIEW, FLORIDA, LLC

Dear Sir or Madam:

Enclosed are the following:

- 1. Florida Dept. of State Cover Letter;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3. Certificate of Designation of Registered Agent/Registered Office;
- 4. Certificate of Good Standing issued by the Office of the Secretary of State of the State of Oklahoma dated February 19, 2014. Please be advised that the Oklahoma Secretary of State issues all certificates electronically in black and white with no raised seals or original signatures, and if you need to verify the enclosed Certificate, please contact the Oklahoma Secretary of State at 405-521-4211.
- 5. Check in the amount of \$130.

Please file the enclosed Application and provide me with a Certificate of Status at your earliest convenience. If you have any questions, please do not hesitate to contact me at <a href="moden@mhrokc.com">moden@mhrokc.com</a> or 405-722-9390.

Sincerely

Margaret 1.

Udle

lenal Aksis

/mjo Enclosures

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SDI SOUTH CRESTVIEW, FLORIDA, LLC

Name of Limited Liability Company

ate of The enclosed orida.. Existence, and

The enclosed "Application by Fore Existence, and check are submitted					
Please return all correspondence co	ncerning this matter to	the following:			
Margare	et Oden				
		Name of Person			
Mason I	Harrison R	atliff Enterp	orises	s, LLC	<del></del>
		Firm/Company			
P.O. Bo	x 22775				
<del></del>		Address			_ 7£
Oklahor	na City, O				FEB 2!
	C	ity/State and Zip Code			
moden@	)mhrokc.c				AH II: 32  -
-	E-mail address: (to be	used for future annual rep	ort notificati	on)	
For further information concerning	this matter, please cal	1:			, (0
Margaret O	den	405	722-	9390	
Name of	Contact Person	Area Code	Dayti	me Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Div Reg Cli 266	REET ADDRESS:  vision of Corporations gistration Section fton Building 11 Executive Center Circlanassee, FL 32301	cle		
Enclosed is a check for the fo ☐ \$125.00 Filing Fee	ollowing amount:  \$130.00 Filing Fee Certificate of Statu	-	_	□ \$160.00 Filing Fee of Status & Certifi	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLO	ORIDA:
1. SDI SOUTH CRESTVIEW, FLORIDA, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate Liability Company," "L.L.C," or "LLC.")	te name must include "Limited
<sub>2</sub> OKLAHOMA <sub>3</sub> 46-4839123	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately company is organized)	plicable)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	DIVISEDIVISED
<sub>5.</sub> <u>5725 N.W. 132nd STREET</u>	SECRET
OKLAHOMA CITY, OK 73142	<b>№</b> ₩
(Street Address of Principal Office)	
<sub>6.</sub> P.O. BOX 22775	<b>=</b>
OKLAHOMA CITY, OK 73123-1775	5 AH 11: 32
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Reeder E. Ratliff, Manager, 5725 NW 132nd Street, Oklahoma (	City, OK 73142
James R. Bagwell, Manager, 319 W. Park Avenue Greenwood	, MS 38930
8. Attached is an original certificate of existence, no more than 90 days old, duly auth having custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate unmust be submitted)	A photocopy is not
Reeder E Ratur	
Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of person aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	
Reeder E. Ratliff	

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability ( JTH CRESTV	Company is: /IEW, FLORIDA, LLC		
If unavailable,	the alternate to be used	in the state of Florida is:		
2. The name a	nd the Florida street ad	dress of the registered agent and office are:		
	KATHY BON	NNER	11	INIO
		(Name)	FEB	SION
	1587 RUCK	EL DRIVE	25	GAN CONTRACT
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	AM =	ASP C
	NICEVILLE,	FL 32578	H: 32	RATIONS
		City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Kathy Bon (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

#### OFFICE OF THE SECRETARY OF STATE



# CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>SDI SOUTH CRESTVIEW</u>, <u>FLORIDA, LLC</u> whose registered agent is <u>REEDER E. RATLIFF</u>, with its registered office at <u>5725 NW 132ND STREET OKLAHOMA CITY 73142 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 19th, day of February, 2014.

Secretary Of State

## OKLAHOMA Secretary of State Electronic Orders

Entity Orders Inf Document Number	**************************************	UUUS કે	
Arcid Andrews		Order Items Informa	tion
Filing Number	Quantity	Name	Order type
3512440744	1	SDI SOUTH	Certificate of Good Standing
		CRESTVIEW, FLORIDA,	
•	•	LLC	
		propriess comit is in an administration for the relative angles and the section in the section of the section o	

[End Of Image]