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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

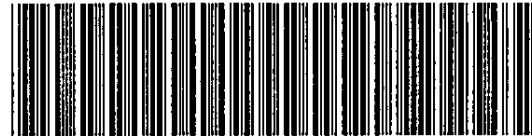
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: Foreign LLC Qualification for
SDI NORTH CRESTVIEW, FLORIDA, LLC

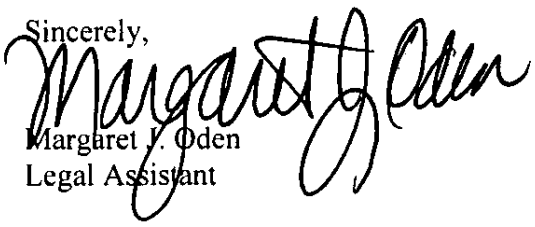
Dear Sir or Madam:

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 moden@mhrokc.com or 405-722-9390.

Sincerely,


Margaret J. Oden
Legal Assistant

/mjo
Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SDI NORTH CRESTVIEW, FLORIDA, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Margaret Oden

Name of Person

Mason Harrison Ratliff Enterprises, LLC

Firm/Company

P.O. Box 22775

Address

Oklahoma City, OK 73142

City/State and Zip Code

moden@mhrokc.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Margaret Oden

Name of Contact Person

at **405** **722-9390**

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. SDI NORTH 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 name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. OKLAHOMA

3. 46-4817209

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5725 N.W. 132nd STREET

OKLAHOMA CITY, OK 73142

(Street Address of Principal Office)

6. P.O. BOX 22775

OKLAHOMA CITY, OK 73123-1775

(Mailing Address)

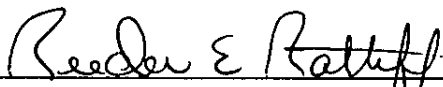
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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

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 authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



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 perjury that the facts stated herein are true. I am aware that any 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.)

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.

1. The name of the Limited Liability Company is:

SDI NORTH CRESTVIEW, FLORIDA, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

KATHY BONNER

(Name)

1587 RUCKEL DRIVE

Florida Street Address (P.O. Box NOT ACCEPTABLE)

NICEVILLE,

FL

32578

City/State/Zip

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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.


(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 SDI NORTH CRESTVIEW, FLORIDA, LLC whose registered agent is REEDER E. RATLIFF, with its registered office at 5725 NW 132ND STREET OKLAHOMA CITY 73142 USA Oklahoma is a Domestic Limited Liability Company 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.

A handwritten signature in cursive script, reading "Chris Benge", is written over a horizontal line.

Secretary Of State

OKLAHOMA Secretary of State Electronic Orders

Entity Orders Information

Document Number: 23806330004

Order Items Information

Filing Number	Quantity	Name	Order type
3512440743	1	SDI NORTH CRESTVIEW, FLORIDA, LLC	Certificate of Good Standing

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