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D. SCOTT DEC 1 5 2017

# COVER LETTER

TO:

Registration Section

Division of Corporations							
0,	•						
SUBJECT: PC STROW	Name of I	Limited Liability (	Company				
The enclosed "Application by Fore Existence, and check are submitted	ign Limited Liability Comp	nany for Authoriza	ition to Tra	nsact Business ii			
Please return all correspondence co	oncerning this matter to the	following:					
	Risp 5-801	ame of Person					
	PC STRAKE	LLC irm/Company			<u></u>		
<u>    \</u>	5 ARBOR VIE	w PUS Address	APT *	<u> </u>			
	NAPLE, PI	tute and Zin Code	5				
						78	
	E-mail address: (to be used	d for future annual	report not	ification)		المسم وان	
For further information concerning			•			nt Sec In	
Philip STRA	Contact Person	at ( 405	_)5	09-0979	} ·,	> = = =	ة ق إحسس أحداد
Name of	Contact Person	Area Code	Day	time Telephone	Number	##### #####	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Cliffon B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Ci ce. FL 32301			
Enclosed is a check for the follow:   S125.00 Filing Fee	ng amount:  □ \$130.00 Filing Fee &  Certificate of Status	□ \$155,00 Fith Certified Copy		□ \$160.00 Fil of Status & Ce			

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

IN COMPLIANCE WITH SECTION 605/0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

It name unavailable, enter alternate name ad-	opted for the purpose of transacting busine	ess in Florida. The alternate name must include "Limited Lial		"L.C," or "LLC.")
OKI ALLOMA		3. 45-421 5745		
(Jurisdiction under the law of which for	eign lunited hability company is organized	d) (Fil man)	er, if applicable)	
1				
4	Date first transacted business in Florida, if See sections 605 0904 & 605 0905, F.S. to	f prior to registration /	— <del>—</del>	
_	_		a. 11. c	
5. 12012 MW 136 (Street Address of Principa	1 Office)	6. Zolz du (Mailing Addi	(36,2 Fe	stace
Preduont OK	73078	6. 12012 Du (Mailing Add	sk 73	වූ ව
				<del></del>
7. Name and street address of i	Florida registered agent: (P.C	). Box: NOT acceptable)		
	) .\	10		
Name:	Wilip STROM	<u> </u>		
Office Address: ItoC	OIS APROR VIEW	RIJA APT#230		
77.	ples	Florida <u>3411 0</u>	)	
D-=:	(, 113.1	tz.sp cou		
Registereu agent's acceptance	F.			
		ic <u>e of process for the above stated limited</u>	l liability com	pany at the plac
designated in this application,	red agent and to accept servi I hereby accept the app <u>oin</u> t	went as registered agent and agree to act	in this capaci	ity. I further ag
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Typed or printed name of signee

#### 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>PC STRONG LLC</u> whose registered agent is <u>PHILIP C. STRONG</u>, with its registered office at <u>12012 NW 136TH TERRACE</u> <u>PIEDMONT 73078 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 <u>7th</u>, day of <u>December</u> 2017.

Secretary Of State