

Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
 MiAligners LLC**

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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 FLORIDA:

1. MiAligners LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, exact alternate must be adopted for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. California

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

3. _____

(FEC number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration;
See sections 605.0904 & 605.0903, F.S., to determine penalty liability)

5. 2211 Midwestern Parkway

(Street Address of Principal Office)

Suite 1

Wichita Falls, TX 76308

6. 2211 Midwestern Parkway

(Mailing Address)

Suite 1

Wichita Falls, TX 76308

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

(City)

Florida 32301

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Judy M. Moore, Asst. Secretary
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

See attached

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Counsel McCullen

(Signature of an authorized person)

Counsel McCullen

(Typed or printed name of signer)

The name, title, and address of the persons who have authority to manage are:

Ronald Redmond
Manager
2410 S Ola Vista
San Clemente, CA 92672

Kelly Heerland
Manager
2211 Midwestern Parkway, Suite 1
Wichita Falls, TX 76308

20130615 PM 4:53
TALLAHASSEE, FLORIDA

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME: MIALIGNERS LLC

FILE NUMBER: 201819010352
FORMATION DATE: 07/03/2018
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

2019 OCT 15 PM 4:53
TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
October 10, 2019.

ALEX PADILLA
Secretary of State

FSB