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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## **Foreign Limited Liability Company** Mitigation and Resilience Strategies, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

(Thinks of Colors	Limited Liability Company; must include "Li	LC mited Liability Company," "L.E.C.," or "EEC.")	<del></del>
name unavailable, enter alternate	name adopted for the purpose of immuting business	in Florida. The alternate name innst include "Limited Liability Company," "	L.L. C," or "LLC.")
Oklahoma		00.1050404	
Oklahoma	shich foreign limited liability company is organized)	3. 82-1356484	<u>.</u>
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	(Date first transacted business in Florida, if pro (See sections 605,0904 & 605,0905, F.S. to de	or to registration ) termine penulty liability)	
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Name and street addre	ss of Florida registered agent: (P.O. I		ŭ,
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		Agent LLC	
Name:	Northwest Registered 7901 4th St N STE 300	Agent LLC	
Name:	Northwest Registered	Agent LLC	. J.
Name: Office Address:	Northwest Registered A 7901 4th St N STE 300 St. Petersburg	Agent LLC	15:
Name: Office Address: egistered agent's accep	Northwest Registered A 7901 4th St N STE 300 St. Petersburg	Agent LLC  )  Florida 33702  (Zip code)	J.
Name: Office Address: rgistered agent's acceptiving been named as resignated in this applica	Northwest Registered A 7901 4th St N STE 300 St. Petersburg  Stance: Segistered agent and to accept service atton, I hereby accept the appointment	Agent LLC    Second Sec	uny at the pla y. I further a
Name: Office Address: rgistered agent's acceptiving been named as resignated in this application comply with the provis	Northwest Registered A 7901 4th St N STE 300 St. Petersburg  Stance: Segistered agent and to accept service atton, I hereby accept the appointment	Agent LLC	uny at the pla y. I further a
Name: Office Address: rgistered agent's acceptiving been named as resignated in this application comply with the provis	Northwest Registered A 7901 4th St N STE 300 St. Petersburg  Stance: Engistered agent and to accept service attion, I hereby accept the appointment ions of all statutes relative to the pro	Agent LLC    Second Sec	uny at the pla y. I further a

(Registered agent's ognature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Dr Belinda Bentley □ Manager Member X Address: Address: ☐ Member 9721 CREST DR □ Authorized □ Authorized MIDWEST CITY OK 73130-6435 Person Person □Other\_\_\_\_\_ Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_\_ Name: Name: □Manager □Manager □Member ☐ Member Address: Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_\_\_C □Other\_\_\_\_ □Other □Other\_\_\_\_ □Manager Name: □Manager Address: Address: \_\_\_\_ □Member ☐ Member □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person

Typed or printed name of signee

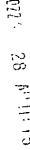
Morgan Noble



## 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.

IFURTHER CERTIFY that MITIGATION AND RESILIENCE STRATEGIES, LLC whose registered agent is BELINDA A BENTLEY, with its registered office at 9721 CREST DRIVE MIDWEST CITY 73130 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 <u>27th</u>, day of September, 2022.

Parin Pylingin