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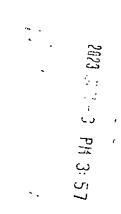
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T. LEMIEUX

JUN 15 2023



COVER LETTER

TO:

TO:¸,	Registration Section Division of Corporations	
SUBJE	Master's Plan Design & Construction LLC	
		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please r	return all correspondence concerning this matter t	to the following:
	Tracey Bradshaw	
		Name of Person
	Master's Plan Design & Construction	
		Firm/Company
	4931 S. Mingo Rd., Suite D	
		Address
	Tulsa, Oklahoma 74146	
		City/State and Zip Code
	traceyb@mpchurchdesignbuild.com	
	E-mail address: (to b	c used for future annual report notification)
For furt	ther information concerning this matter, please ca	ill:
	Tracey Bradshaw	918 616-2914 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
•	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ce & 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of roreign	Limited Liability Company, must include "Limited	Liability (Company," "L. L. C.," or "LLC")		·
	name adopted for the purpose of transacting business in Flo			1	
name unavuilable, enter alternale i	name adopted for the purpose of transacting business in Flo	orada The ali	ternate name must include "Lianited Lia	bility Company,	T. I. I. or T.I.C
Oklahoma		3.	83-3289943		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI numbe	r, if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	registration 1 ne penalty hi	ability)		
4931 S. Mingo Rd., Su		6.	931 S. Mingo Rd., Suite D		
reet Address of Principal Office)		٠	(Mailing Address)		
Tulsa, Oklahoma 7414	6	1	ulsa, Oklahoma 74146		
			olda, ollialialia		
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		_			
Name and street address	ss of Florida registered agent: (P.O. Box	_		\$ T.	2023 .
Name and street address	ss of Florida registered agent: (P.O. Box	_			2023 (* -
Name and street address Name:	ss of Florida registered agent: (P.O. Box Registered Agents Inc	_			. -
	Registered Agents Inc	_			् _य
		_			(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Name:	Registered Agents Inc 7901 4th St N STE 300	_	ceptable)		E : 3 PH 3:
Name:	Registered Agents Inc	_			(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

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.

David Regards			
	(Registered agent's signature)		

manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Rodney C. James Dana K. James ☐ Manager □ Manager 4931 S. Mingo Rd., Suite D. 4931 S. Mingo Rd., Suite D **■** Member Address: ■ Member Address: Tulsa, Oklahoma 74146 Tulsa, Oklahoma 74146 □ Authorized □ Authorized Person Person Other □Other __ _ ____ Other □Other Tracey Bradshaw □Manager □Manager Name: 4931 S. Mingo Rd., Suite D. □Member Address: □Member Address: _____ Tulsa, Oklahoma 74146 Authorized ☐ Authorized Person Person _____Other____ Other Other □Other □Manager Name: □ Manager Name: _____ □Member Address: □Member Address: ☐ 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. Tracey Bradshaw

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

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 MASTER'S PLAN DESIGN & CONSTRUCTION, LLC whose registered agent is SCHAUER & FETTKETHER LAW, PLLC, with its registered office at 11-12 E BRADY ST. TULSA 74103 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 7th, day of June, 2023.

> 18 win 18 wyw Secretary Of State