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TALLAHASSEE, FLORIDA

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M. SOLOMON

JUL 11 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANHATTAN CONSTRUCTION COMPANY 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:

GARY WILSON

Name of Person

MANHATTAN CONSTRUCTION COMPANY LLC

Firm/Company

5601 SOUTH 122ND EAST AVE

Address

TULSA, OK 74146

City/State and Zip Code

GWILSON@ROONEYHOLDINGS.COM

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

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For further information concerning this matter, please call:

GARY WILSON

918

878-3354

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
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 DEPARTMENT OF STATE**

☐ \$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 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. MANHATTAN CONSTRUCTION COMPANY 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

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

3. 73-0338330

(FEI number, if applicable)

4. Date started in Florida: 8/27/1971; Converted to LLC in Oklahoma: 07/09/2024

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

5. 5601 S. 122ND EAST AVE

(Street Address of Principal Office)

TULSA, OK 74146

6. 5601 S. 122ND EAST AVE

(Mailing Address)

TULSA, OK 74146

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

Name: BUSINESS FILINGS INCORPORATED

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida

33324

(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.

Brenda Lutter, Asst
Secretary
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>JOHN REYHAN</u>	<input checked="" type="checkbox"/> Manager	Name: <u>LAURENCE F ROONEY</u>
<input type="checkbox"/> Member	Address: <u>5871 GLENRIDGE DRIVE</u>	<input type="checkbox"/> Member	Address: <u>5601 S. 122ND EAST AVE</u>
<input checked="" type="checkbox"/> Authorized	<u>SUITE 300</u>	<input type="checkbox"/> Authorized	<u>TULSA, OK 74146</u>
Person	<u>ATLANTA, GA 30328</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>ROBERT TINKLER</u>	<input type="checkbox"/> Manager	Name: <u>MICHAEL MILLER</u>
<input type="checkbox"/> Member	Address: <u>5601 S. 122ND EAST AVE</u>	<input type="checkbox"/> Member	Address: <u>5405 CYPRESS CENTER DR</u>
<input checked="" type="checkbox"/> Authorized	<u>TULSA, OK 74146</u>	<input checked="" type="checkbox"/> Authorized	<u>SUITE 200</u>
Person	<u></u>	Person	<u>TAMPA, FL 33609</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>MICHAEL COLLINS ROONEY</u>	<input type="checkbox"/> Manager	Name: <u>CRAIG BRYANT</u>
<input type="checkbox"/> Member	Address: <u>5601 S. 122ND EAAST AVE</u>	<input type="checkbox"/> Member	Address: <u>3705-1 WESTVIEW DR</u>
<input type="checkbox"/> Authorized	<u>TULSA, OK 74146</u>	<input checked="" type="checkbox"/> Authorized	<u>NAPLES, FL 34104</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 605.024(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

ROBERT TINKLER

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

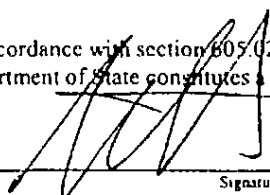
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: MARY STEIN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3705-1 WESTVIEW DR	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	NAPLES, FL 34104	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 805.0203 (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

ROBERT TINKLER

Typed or printed name of signer

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 MANHATTAN CONSTRUCTION COMPANY LLC whose registered agent is BUSINESS FILINGS INCORPORATED, with its registered office at 1833 SOUTH MORGAN ROAD OKLAHOMA CITY 73128 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 9th, day of July, 2024.

A handwritten signature in black ink, appearing to read "Josh Cady", is written over a horizontal line.

Secretary Of State