(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

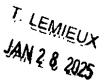
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: DRC. Inc.					
Name	of corporation -	must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Standi	ng" and check are submi			
Please return all correspondence concern	ing this matter to	the following:			
Whitney Tesdahl					
	Name of Pe	rson			
Farmer & Associates, Inc.					
	Firm/Compa	ny			
700 Bishop Ln N.					
	Address				
Mobile, Alabama 36608					
	City/State and	Zip code			
wtesdahl@farmerbuildings.com					
E-mail address	s: (to be used for	future annual report not	ification)		
For further information concerning this m	natter, please call	•			
Whitney Tesdahl	at (251	222-3022			
Name of Person	Area Code	Daytime Telephor	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI \$70.00 Filing Fee \$78.75 Filin Certificate of	EPARTMENT O g Fee & 🗆 🖺 \$		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

DRC of AL, Ir	ie.			
(If name unava	lable in Florida, enter alternate corporate name as	dopted for the purpose of transacting business in Florida)		
South Carolina	, s	57-0904848		
(State or country under the law of which it is incorporated) 12/18/1989				
(Dat	e of incorporation)	(Date of duration, if other than perpetual)		
'00 Hishop En N	(SEE SECTIONS 607,1501 & 607,150 L. Mobile, AL 36608 (Principal office			
Same as above	(Principal office	street address)		
	,	address, if different)		
Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O Paracorp Incorporated	Box <u>NOT</u> acceptable)		
Name:				
Name:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor			
	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor	Box NOT acceptable) , Florida 32301		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS					
□Chairman	Name: Murray P. Fa	armer	□Chairman	Name:	
□Vice Chairman	Address: 700 Bishop	p Ln N	□Vice Chairman	Address:	
□Director	Mobile. AL 36608		□Director		
■ President	·		□President		
□Vice President			□Vice President		<u>-</u>
□Secretary		Treasurer	□Secretary		☐Treasurer
Other Sole Share	reholder 🗀 🗀 C	Other	Other		Other
□Chairman	Name:		□Chairman	Name:	
□Vice Chairman			□Vice Chairman		
□Director			□Director		
□President			President		
			□Vice President		
☐ Secretary		Freasurer	☐ Secretary		□Treasurer
□Other		Other	□Other		□Other
□Chairman	Nama		□ Chairman	Numar	
□ Vice Chairman	Audress.			Address:	
□President			☐ Director ☐ President		
	-		□Vice President		
					- Communication of the communi
Secretary		reasurer	Secretary		Treasurer
□Other		Other	□Other		Other
individuale may be	edded to the index wh	eport more than six (6). The attach enfiling your Florida Department CANUC Signature of Director or	of State Annual De	nort form	
m		Signature of Director or	Officer		
The officer or direc	tor signing this docum	nent (and who is listed in number litted in a document to the Departm	l Labove) affirms the	at the facts stated	herein are true and that he or
Murray P. Fa	armer, President an	d Sole Shareholder			

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

DRC, Inc., a corporation duly organized under the laws of the State of South Carolina on December 18th, 1989, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of December, 2024.

Mark Hammond, Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

The name of the corporation as currently filed with the Florida Department of State:

MBS II, INC.

The document number of the corporation is P40416.

This corporation was incorporated under the laws of South Carolina.

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

740 MUSEUM DRIVE MOBILE, AL 36608 US

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

I submit this document and affirm that the facts stated herein are true. 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 section 817.155, Florida Statutes.

Signature: ROBERT J ISAKSON DIRECTOR 03/18/2015

Electronic Signature of Signing Director, Officer or Authorized Representative / Date