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COVER LETTER

	iling Section on of Corporations			
SUBJECT:	SMITH OPERATING AND	MANAGEMENT	co.	
Sobole 1.	(Name of c	orporation - m	ust include suffix	()
Dear Sir or Ma	dam:			
	Application by Foreign Corpor Existence," and check are subness in Florida.			
Please return al	l correspondence concerning th	nis matter to th	e following:	
HARRY L.	AVANT			
		(Name of Pers	on)	
SMITH OP	ERATING AND MANAGEMENT	CO.		
		(Firm/Compar	y)	
P. O. BO	X 52			
		(Address)		
SHREVEPO	RT, LA 71161-00522			
	(C	ity/State and Z	ip code)	
For further info	rmation concerning this matter	, please call:		
PENNY JO	YOHN at (318)	222-3119	
(Name	of Person)		& Daytime Telep	phone Number)
New Fi Divisio Clifton 2661 E	ET/COURIER ADDRESS: ling Section n of Corporations Building xecutive Center Circle assee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a ch	neck for the following amount:			
\$70.00 Filing	g Fee \$78.75 Filing Fee Certificate of Sta		75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

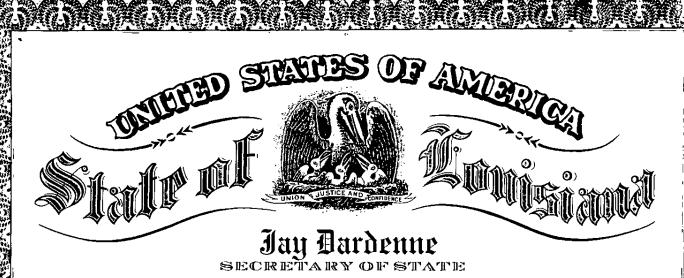
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(Enter name of c	RATING AND MANAGEMENT CO. corporation; must include "INCORPORATED,	" "COMPANY," "CORPORATIO	N,"
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")	·	,
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)
LOUISIANA	3.	72-0982455	
(State or country	under the law of which it is incorporated) 3.	(FEI number, if app	olicable)
November 1			
(Date	e of incorporation)	(Duration: Year corp. will cease t	o exist or "perpetual")
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	lity)
400 Texas	Street, Suite 927, Shreveport,	LA 71101	
	(Principal office add	ress)	
Ba OveBóx	52, Shreveport, LA 71161-0052	!	
	(Current mailing add	ress)	
	Commercial Real Estate		* * * *
	s) of corporation authorized in home state or co	-	orida)
Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	D8
Name:	Bradley Bryant		SEP SEP
ffice Address:	300 Fifth Ave., South		SSEE
	Naples	, Florida	
	(City)	(Zip code)	STAIL COR
Registered as	gent's acceptance:	I	9 DA
	ed as registered agent and to accept servi	ce of process for the above state	d corporation at the plac
signated in this	application, I hereby accept the appointn	nent as registered agent and agr	ee to act in this capacity.
d I am familiar	omply with the provisions of all statutes r with and accept the obligations of my po	eiative to ine proper ana compte sition as revistered avent.	te persormance os my au
	15/1///	/ · · · · · · · · · · · · · · · · · · ·	ur.
•		7	-
			
	(Registered agent's signature)		

11. 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
7.144.555.
B. OFFICERS President: HARRY L. AVANT
/00 meyag ave guitte 007
Address: 400 TEXAS AVE., SUITE 927
SHREVEPORT, LA 71101
Vice President:
Address:
Secretary: DEBBIE WALTERS
Address: 400 TEXAS STREET, SUITE 927, SHREVEPORT, LA 71101
Treasurer: DEBBIE WALTERS
Address: 400 TEXAS STREET, SUITE 927; SHREVEPORT, LA 71101
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. HARRY L. AVANT (Typed or printed name and capacity of person signing application)
(13 ped of printed name and capacity of person signing application)



As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Incorporation of

SMITH OPERATING AND MANAGEMENT CO.

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on November 17, 1983,

I further certify that no Certificate of Dissolution has been issued.

In lestimony whereof, I have hereunto set my hand and caused the Seat of my Office to be affixed at the City of Baton Rouge on,

August 29, 2008

ABA 34128396D

Secretary of State

