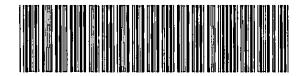
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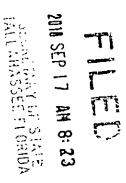
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O PRUCE SEP 20 2018

COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT	TMA	Operations,	LLC
NIIMITU I'		•	

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:

Lucie N	/linor	J				
		me of Person	,			
TMA C	perations, LL					
	Fir	m/Company				
1601 V	Vestpark Dr#	4B				
		Address	•			
Little R	ock, AR 7220)4				
	City/Sta	ate and Zip Code				
ap@tm	a-ops.com					
	E-mail address: (to be used	for future annual	report noti	fication)		
For further information concernir	g this matter, please call:				₹	20
Lucie Mino	r	_{at (} 501	,944	-0638		ZIII SEP
Name o	of Contact Person	Area Code	Dayt	ime Telephone Num		7
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section dilding cutive Center Circle ec, FL 32301	195 (AH 8: 23
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing F of Status & Certifie		cate

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(11)	name unavuilable, enter alternate n	ame adopted for the purpose of transacting b	rusiness in Florida. The alternat	e name must include "Limited Lia	bility Company," "L.L.C," or "L.L.C.")
	Arkansas	•	3.		
<u> </u>		hich foreign limited liability company is orga		(FEI numb	eer, if applicable)
-1	9/13/2018				
◄.		(Date first transacted business in Flori (See vections 605 0904 & 605,0905, F	da, if prior to registration.)	net	
5	3704 Medallion F		, ,	 01 Westpark Drive	e #4R
٦.	(Street Address of I			(Mailing Add	ress)
	Newport, AR 72112		<u>Lit</u>	lle Rock, AR 7220	4
7.	Name and street address Name:	ss of Florida registered agent: (Registered Agents Inc	·	ptable)	·
	Office Address:	3030 N. Rocky Point E	· · ·	-	
		Tampa		, Florida 33607	
to i	comply with the provisi	tion, I hereby accept the appoi ions of all statutes relative to the s of my position as registered to	he proper and compl	agent and agree to act ete performance of my	in this capacity. I further agi duties, and I am familiar with
		Det Hans			
		(Regio	tered agent's signature)	17-7-	
8.	The name, title or caps Title or Capacity:	(Regis	(s) who has/have auth	ority to manage is/are:	Name and Address:
8.		acity and address of the person((s) who has/have auth		Name and Address:
8.	Title or Capacity:	neity and address of the person(Name and Address Lucie Minor 1601 Westpark Drive #48	(s) who has/have auth		Name and Address:
8.	Title or Capacity:	neity and address of the person(Name and Address Lucie Minor	(s) who has/have auth		ASS.
8.	Title or Capacity:	neity and address of the person(Name and Address Lucie Minor 1601 Westpark Drive #48	(s) who has/have auth		EP I
8.	Title or Capacity: Manager	Lucie Minor 1601 Westpark Drive #4B Little Rock, AR 72204 Billy Van Harris	(s) who has/have auth		ASS.
3.	Title or Capacity: Manager	Lucie Minor 1601 Westpark Drive #4B Little Rock, AR 72204 Billy Van Harris	(s) who has/have auth		EP I
	Title or Capacity: Manager	Acity and address of the person(Name and Address Lucie Minor 1601 Westpark Drive #4B Little Rock, AR 72204 Billy Van Harrise 3704 Medaltion Pl Newport, AR 72112	(s) who has/have auth		EP 1 4H 8 2
(Մ 9. , jur	Title or Capacity: Manager Sales Agent Jse attachments if neces Attached is a certificate	Billy Van Harris 3704 Medallion Pl Newport, AR 72112 Sary) of existence, no more than 90 of which it is organized. (If the	(s) who has/have auth	or Capacity:	eving custody of records in the
(U 9. , jur of: 10.	Title or Capacity: Manager Sales Agent Jee attachments if neces Attached is a certificate risdiction under the law the translator must be see. This document is exec	Billy Van Harris 3704 Medallion Pl Newport, AR 72112 Sary) of existence, no more than 90 of which it is organized. (If the	days old, duly authen certificate is in a force	ticated by the official harign language, a translaterida Statutes. I am awar	iving custody of records in the ion of the certificate under oath
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(U 9 jur of	Title or Capacity: Manager Sales Agent Jee attachments if neces Attached is a certificate risdiction under the law the translator must be see. This document is exec	Billy Van Harris Sary) of existence, no more than 90 of which it is organized. (If the abmitted) uted in accordance with section	days old, duly authen certificate is in a fore that the state of the s	ticated by the official having language, a translate orida Statutes. I am awar bony as provided for in	iving custody of records in the ion of the certificate under oath

Typed or printed name of signee

Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I. Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

TMA OPERATIONS LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 4, 2018.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 10th day of September 2018.

Mark Martin

Secretary of State Althorization Code: 7afe47e4933b698

To verify the Authorization Code, visit sos.arkansas.gov