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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doug Wilkerson & Associates, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John L. Madison
(Name of Person)
King, Bryan & Wiley
(Firm/Company)
1824 Third Avenue, South
(Address)
Jasper, AL 35501
(City/State and Zip code)

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For further information concerning this matter, please call:

John L. Madison at (205) 221-3500
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified 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.

1. Doug Wilkerson & Associates, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Arkansas 3. 72-1525799
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 29, 2002 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5708 Warden Road, Sherwood, Arkansas, 72120
(Principal office address)

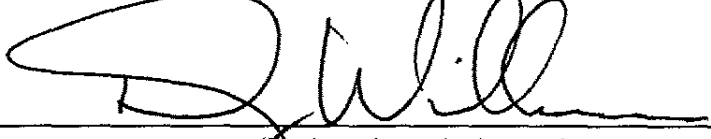
same
(Current mailing address)

8. Sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Doug Wilkerson
Office Address: 234 White Street
Niceville, FL, Florida 32578
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.


(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Doug Wilkerson
Address: 234 White Street
Niceville, FL 32578

Vice Chairman: _____
Address: _____

Director: Doug Wilkerson
Address: 234 White Street
Niceville, FL 32578

Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

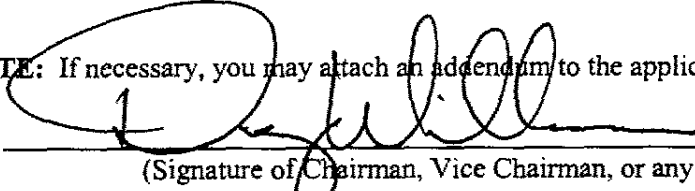
President: Doug Wilkerson
Address: 234 White Street
Niceville, FL 32578

Vice President: _____
Address: _____

Secretary: Doug Wilkerson
Address: 234 White Street, Niceville, FL 32578

Treasurer: Doug Wilkerson
Address: 234 White Street, Niceville, FL 32578

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Doug Wilkerson, President
(Typed or printed name and capacity of person signing application)



Arkansas Secretary of State Charlie Daniels

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501.682.3409

CERTIFICATE OF EXISTENCE

I, Charlie Daniels, 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

DOUG WILKERSON & ASSOCIATES, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed a Articles of Incorporation in this office April 29, 2002.

Our records reflect said entity has paid all fees, taxes and penalties owed to this State, as required to be collected by this office, and has delivered its most current annual franchise tax report to this office.

I certify this entity has not filed articles of dissolution with this office.

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 25th day of June 2004.

Charlie Daniels

Charlie Daniels
Secretary of State

By: *J Butler*
JButler