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(Address)

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(City/State/Zip/Phone #)

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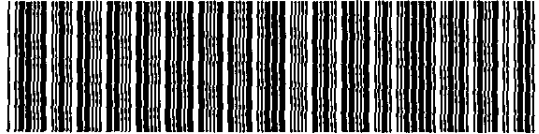
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TALLAHASSEE, FLORIDA

2005 MAR -7 PM 3:12

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ethco, 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:

Jay Bequette

(Name of Person)

Bequette & Billingsley, P.A.

(Firm/Company)

425 West Capitol Avenue, Suite 3200

(Address)

Little Rock, AR 72201-3469

(City/State and Zip code)

For further information concerning this matter, please call:

Jay Bequette

at (501) 374-1107

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Ethco, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arkansas

3.

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. November 29, 2004

5. perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 263 Lakeview Road, Edgemont, AR 72044

(Principal office address)

263 Lakeview Road, Edgemont, AR 72044

(Current mailing address)

8. To own and operate restaurants and to engage in any other activities reasonably related to that purpose.

(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 NOT acceptable)

Name: Chad Jarvis

Office Address: 6025 SW 250th Street

Newberry

(City)

, Florida 32669

(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.

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

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A. DIRECTORSChairman: Dennis PorterAddress: 263 Lakeview RoadEdgemont, AR 72044

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Dennis PorterAddress: 263 Lakeview RoadEdgemont, AR 72044Vice President: Jimmy EtzkornAddress: 263 Lakeview RoadEdgemont, AR 72044Secretary: Jenny JonesAddress: 263 Lakeview Road, Edgemont, AR 72044

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Dennis Porter, President

(Typed or printed name and capacity of person signing application)

F-11-EDD
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Arkansas Secretary of State

Charlie Daniels

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

CERTIFICATE OF GOOD STANDING

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

ETHCO, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office November 29, 2004.

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 16th day of December 2004.

A handwritten signature in cursive script, appearing to read "Charlie Daniels", written over a horizontal line.

Charlie Daniels
Secretary of State

By: A handwritten signature in cursive script, appearing to read "J Butler", written over a horizontal line.
J BUTLER