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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

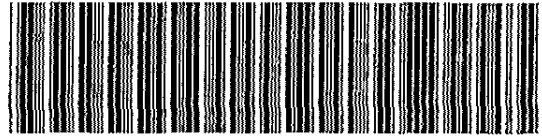
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 0609 Corporation
(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:

NRAI Services, Inc.
(Name of Person)

NRAI Services, Inc.
(Firm/Company)

2731 Executive Park Drive, Suite 4
(Address)

Weston, FL 33331
(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Reeves at (609) 716-0030
(Name of Person) (Area Code & Daytime Telephone Number)

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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. 0609, Corporation

(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. AR

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

3. 20-2676039

(FEI number, if applicable)

4. April 8, 2005

(Date of incorporation)

5. Perpetual

(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. 301 Roya Lane Suite #2, Bryant, AR 72022

(Principal office address)

301 Roya Lane Suite #2, Bryant, AR 72022

(Current mailing address)

8. Any lawful 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 or Mail Drop Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston

(City)

Florida 33331

(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.

NRAI Services, Inc.

By: Lisa Reum, Agent Sec 4/28/05

(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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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Stephen A Ring
Address: 740 Timber Ridge Tr SW
Vero Beach, FL 32962

Vice Chairman: Colleen A Ring
Address: 740 Timber Ridge Tr SW
Vero Beach, FL 32962

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Stephen A Ring
Address: 740 Timber Ridge Tr SW
Vero Beach, FL 32962

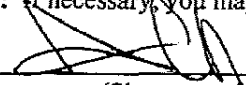
Vice President: Colleen A Ring
Address: 740 Timber Ridge Tr SW
Vero Beach, FL 32962

Secretary: Colleen A Ring
Address: 740 Timber Ridge Tr SW, Vero Beach, FL 32962

Treasurer: Stephen A Ring
Address: 740 Timber Ridge Tr SW, Vero Beach, FL 32962

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TALLAHASSEE, FLORIDA

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. Stephen A Ring, 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 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

0609, CORPORATION

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office April 8, 2005.

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 2nd day of May 2005.



Charlie Daniels
Secretary of State

Online Certificate Authorization Code: 5656b2f7a4e823c

To verify the Authorization Code, visit www.sosweb.state.ar.us