F05000003638

(Re	questor's Name)	
(Add	dress)	
(na	11033)	
(Add	dress)	
	(O) () (T) (F)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(23.		,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
<u> </u>		
Special Instructions to F	Filing Officer:	-
		i :
		:

Office Use Only



200055900032

06/15/05--01008--009 **70.00

FILED 05 JUN 15 PH 12: 17 SECRETARY OF STATE TALLAHASSEE ESTATE

TRANSMITTAL LETTER

	egistration ivision of												
SUBJEC	т. L	atco	Construc	tion,	Inc.								
SCORE	^·		(Na	me of co	rporati	on - mus	t include s	suffix)					
Dear Sir o	r Madam:												
The enclose "Certificate transact but	te of Exist	ence,"	by Foreign and check a	Corporat re submi	ion for tted to	Authori register t	zation to 1 he above :	Fransact referenc	Busines ed foreig	s in Flo gn corpo	rida, oratio	" on to	
Please retu	ırn all corı	respond	ience conce	rning thi	s matte	r to the f	ollowing:						
L. Davi	d Stubb	5	<u> </u>	<u></u> _				<u> </u>		. <u> </u>	·	<u> · </u>	12.5
				()	Name o	f Person)						
Latco C	onstruc	tion.	Inc.				· ·				. <u>.</u>		
<u> </u>				(F	irm/C	ompany)							
P. O. B	tox 9												
1. 0. 2	<u> </u>				(Add	lress)			1		<u></u>		
									•	A	S	င္တ	
Lincoln	AR 72	744 .	<u> </u>	(Cit	v/State	and Zip	code)	<u>. ·</u>	·	<u> </u>	윷	=	
				(CII	y/Outc	and Zip	code			*		=	<u> </u>
		_								SE SE	ズ :	C)	
For furthe	r intormat	ion con	cerning this	matter,	piease	call:				्ताः स	우	3	ED
										, <u>5</u>	S A	মূ	
David S	tubbs Name of P	aman)	<u> </u>	at (<u>/</u>	79 (Araa	Code &	824-3. Daytime	<u>282 ez</u> Telepho	kt. 298	3 er)	긁	7	
(1	Name of F	erson)			(Alca	Code &	Dayiiiic	retepho	no rum	JC1 -			
R D 4(TREET A egistration ivision of 09 E. Gain allahassee	Sectio Corpor es St.	n rations		÷		Registra Divisio P.O. Bo	ation Se n of Co ox 6327	rporation				
Enclosed i	is a check	for the	following a	mount:									
⊠ ×\$70.00			J \$78.75 Fil Certificat	ing Fee			5 Filing Fe Ted Copy	ee &		.50 Filir rtificate rtified C	of S	-	&

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.		struction, Inc.		Section 2 Control of the Section 2 Control of		1 ·
		ooration; must include "INCORPORAT o," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
i	If name unavailabl	e in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in F	lorida	<u>.</u>
2	Arkansas	,	3	71-0595985	.01144	, .
	State or country un	der the law of which it is incorporated)	•	(FEI number, if applicable)		_
4.	May 3, 19	84	5.	_perpetual		
	(Date of	incorporation)	•	(Duration: Year corp. will cease to exist or "perpo	etual")	
6.	estimate	is June 15, 2005				_
_		(Date first transacted busine		n Florida, if prior to registration)		
				502, F.S., to determine penalty liability)		
7	2265 E. P	ridemore, P. O. Box 9 Lin			<u> </u>	
		(Principal office	add	ress)		
_	P. O. Box	9 Lincoln AR 72744 (Current mailing		75.7		
		(Current maning	, adu	ress)		
8.	construct	ion				
_	(Purpose(s) o	f corporation authorized in home state	or co	ountry to be carried out in state of Florida)		
9. 1	Name and street a	ddress of Florida registered agent:	(P.C	D. Box NOT acceptable)	05 JE	
	Name:	Harley Bontrager		HAS		<u>m</u>
Off	ice Address:	1083 SW CR 351	<u>.</u>	SSE OF	5 PH	LED
		Mayo, FL 32066		Florida 32066	2	0
	_	(City)		(Zip code)	=	
10.	Registered ager	nt'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:

A. DIRECTORS

Chairman:	
Address: 2265 E. Pridemore, P. O. Box 9 Lincoln, AR 72744	
	
Vice Chairman:none	
Address:	
Director: none	
Address:	
Director: none	-
Address:	
B. OFFICERS	
President:Chris Primm	
Address: 2265 E. Pridemore, P. O. Box 9 Lincoln, AR 72744	
	SE SE
Vice President: none	
Vice President: none	8≥ = =
Address:	Fig. 3 D
	5 5
Secretary: Kimberly Pergeson	9 m 5
Address: 2265 E. Pridemore, P. O. Box 9 Lincoln, AR 72744	
Treasurer: Kimberly Pergeson Address see above	· · · · · · · · · · · · · · · · · · ·
Address:see above	
NOTE: If necessary, you may attach an addendum to the application listing additiona	l officers and/or directors.
X:[Y]	
(Signature of Director or Officer listed in number 12 of the appl	ication)
14. Kimberly Pergeson, Secretary	
(Typed or printed name and capacity of person signing application)	ation)



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

LATCO CONSTRUCTION, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office May 3, 1984.

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 27th day of May 2005.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: e6c38ce903c61e5

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