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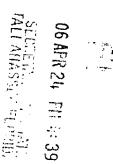
(Red	questor's Name)			
(Address)				
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Central Arkansas Payroll Company				
(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:				
Connie Vaughn				
(Name of Person)				
Central Arkansas Payroll Company				
(Firm/Company)				
1 Shackleford Drive, Ste. 400				
(Address)				
Little Rock, AR 72211				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Connie Vaughn at (501) 219-2400				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing 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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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.

ί.	(Enter name of c	rkansas Payroll Company corporation; must include "INCORPORATED corp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"	
	CAPC			
	(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busin	ness in Florida)
2.	Arkansas	3	74-2517189	
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable))
4.	12/15/198	6 ₅	Perpetual	
	(Date	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
6.				
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7	1 Shacklet	ford Drive, Suite 400, Little F	Rock, AR 72211	
•		(Principal office ad		
	1 Shacklet	ford Drive, Suite 400, Little r	ock, AR 72211	
		(Current mailing ad	'	
0	Payroll Pr	ocessina		06 APR 24
٥.	(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Florida)	72
9	Name and stree	et address of Florida registered agent: (P.	O Box NOT accentable)	
•	i imile and <u>stray</u>			P1 4: 33
	Name:	Corporation Service Comp	<u>Jany</u>	
O	ffice Address:	1201 Hays Street		ص التاب
		Tallahassee FL	, Florida 32301	
		(City)	(Zip code)	
			, ,	
Hi de fu	aving been nam signated in this rther agree to c	gent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes with and accept the obligations of my po	ment as registered agent and agree to a relative to the proper and complete perfo	ct in this capacity. I
		See attached		

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.

(Registered agent's signature)

O6 APR 24 PM 4: 39

SECRETARY A STATE TALL AHASSIS FLORIDA

AGENT AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent(s) for and on behalf of CENTRAL ARKANSAS PAYROLL COMPANY.

CORPORATION SERVICE COMPANY

Elizabeth A. Dawson, Asst. Vice President

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

DIRECTORS	■ 44
Larry E. Morton	•
1Shackleford Dr., Ste. 400 Little Rock, AR 72211	06 APR 24 PH 4: 39
	SECRETARY OF GRATE TALLAHASSE- FLORIDA
e Chairman:	
ress:	
Gregory W. Fess	
ress: 1 Shackleford Dr, Ste. 400	
Little Rock, AR 72211	
Emilia Chastain	
1 Shackleford Dr., Ste. 400	
Little Rock, AR 72211	
OFFICERS	
Larry E. Morton	
ess: 1 Shackleford Dr., Ste. 400	
Little Rock, AR 72211	
President: Gregory W. Fess	
1 Shackleford Dr., Ste. 400	
Little Rock, AR 72211	
tary: Emília Chastain	
1 Shackleford Dr., Ste. 400, Little Rock, AR 72211	
urer: Emilia Chastain	
ess:	
TE: If necessary, you may attach an addendum to the application listing addition	
(Signature of Director or Officer listed in number 12 of the appending Chastain, Treasurer	plication)
(Typed or printed name and capacity of person signing appli	cation)



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

CENTRAL ARKANSAS PAYROLL COMPANY

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office December 15, 1986.

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 18th day of April 2006.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 378b5ff6913533d

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