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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

(Name of Person)

at ( 501 ) 219-2400

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center 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 & 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. Central Arkansas Payroll Company**

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

**CAPC**

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

**2. Arkansas**

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

**3. 74-2517189**

(FEI number, if applicable)

**4. 12/15/1986**

(Date of incorporation)

**5. Perpetual**

(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. 1 Shackleford Drive, Suite 400, Little Rock, AR 72211**

(Principal office address)

**1 Shackleford Drive, Suite 400, Little rock, AR 72211**

(Current mailing address)

**8. Payroll Processing**

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

**Tallahassee FL**, Florida **32301**

(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.*

*See attached*

(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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SECRETARY OF STATE  
TALLAHASSEE, 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:

**A. DIRECTORS**

Chairman: Larry E. Morton

Address: 1 Shackleford Dr., Ste. 400 Little Rock, AR 72211

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SECRETARY OF STATE  
TALLAHASSEE - FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Gregory W. Fess

Address: 1 Shackleford Dr, Ste. 400  
Little Rock, AR 72211

Director: Emilia Chastain

Address: 1 Shackleford Dr., Ste. 400  
Little Rock, AR 72211

**B. OFFICERS**

President: Larry E. Morton

Address: 1 Shackleford Dr., Ste. 400  
Little Rock, AR 72211

Vice President: Gregory W. Fess

Address: 1 Shackleford Dr., Ste. 400  
Little Rock, AR 72211

Secretary: Emilia Chastain

Address: 1 Shackleford Dr., Ste. 400, Little Rock, AR 72211

Treasurer: Emilia Chastain

Address: \_\_\_\_\_

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

13. Emilia Chastain

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

14. Emilia Chastain, Treasurer

(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

**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](http://sos.arkansas.gov)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA