# F070000002424

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: 5-1-07 Battern Work No. # Nec				



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### **COVER LETTER**

TO:	New Filing Section Division of Corporations			
SUBJ	ECT: <u>United</u>	Systems (Name of corpor	Arkausas, Zation - must include suffix	uc
Dear S	ir or Madam:			
"Certif	closed "Application by Forei icate of Existence," and chec t business in Florida.			
Please	return all correspondence cor	ncerning this ma	tter to the following:	
7	KEITH REED			
	JETH FICES	(Name	e of Person)	
	Muchad Suctions	A . k 7	•	
	United Systems of	Firm.	/Company)	
	201 MAIN STrEET	(A	Address)	
,	HE ROCK, AR		• •	•
	WE KOCK, HI	(City/Sta	ate and Zip code)	
	rther information concerning  E:H REEd  (Name of Person)	at ( <u>50</u>	se call: 1 ) <b>374-<sup>5</sup>08/2</b> rea Code & Daytime Telep	hone Number)
	STREET/COURIER ADI New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		MAILING New Filing S Division of O P.O. Box 63 Tallahassee,	Section Corporations 27
Enclos	ed is a check for the following	ng amount:		
\$70.		Filing Fee & icate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2007

KEITH REED UNITED SYSTEMS OF ARKANAS, INC. 1201 MIAN ST LITTLE ROCK, AR 72202-5031

SUBJECT: UNITED SYSTEMS OF ARKANAS, INC.

Ref. Number: W07000020982

We have received your document for UNITED SYSTEMS OF ARKANAS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 207A00030134

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O7 MAY 17 AM II: 46
PARIMENT OF STAIL
VISION OF CORPORATION

# 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.	. United Systems of Ackanias, 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	(State or country under the law of which it is incorporated)  3. 71-0678054  (FEI number, if applicable)	
4.	(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	. /20/ MAIN STREET, Little Rock, AR 72202-5031 (Principal office address)	
	(Principal office address)	
	(Current mailing address)	
		-
8	Certified Bulk mailing Sales	**************************************
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9	Name: Glenn Petkousek.	- The second
	Name: Glenn Petkousek	ا قدمه ونا"
_		
C	Office Address: 4800 N. AIA, Unit 117	
	VECO BEACH, Florida 32963	
	(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.

(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: Vice Chairman; Address: Address: Director: **B. OFFICERS** President: Glew Petkousek Address: 4800 N. AIA, Uvit 117 VEO BEACH, FL 32963 Vice President: Address: \_\_\_\_ Secretary: Daria Marlow Address: P.O. Box 2271, Little Rock, AR 72203 Treasurer: Dacia Maclos Address: P.O. Box 2271, Little Rock, AR 72203 **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Glenn Petkovsek

(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

#### UNITED SYSTEMS OF ARKANSAS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office April 25, 1989.

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 26th day of April 2007.

Charlie Daniels

Secretary of State

Online Certificate Authorization Code: 2a221c44ab30660 To verify the Authoriziation Code, visit sos.arkansas.gov