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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

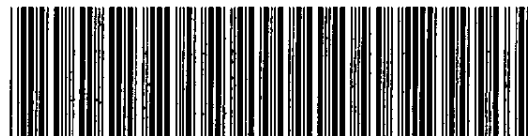
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Official
Certificate of
Good Standing
At the end

TO: New Filing Section
Division of Corporations

SUBJECT: The Brock-Chad Group, Inc.
(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:

KIMBERLY BENNETT
(Name of Person)
The Brock-Chad Group, Inc
(Firm/Company)
9201 Collins Ave #1026
(Address)
Surfside, FL 33154
(City/State and Zip code)

For further information concerning this matter, please call:

Kim Bennett at 301, 440-8788
(Name of Person) (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. The Brock-Chad Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. ARKANSAS 3. 42-1639408
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 2, 2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1123 W 3rd LITTLE ROCK, AR 72201
(Principal office address)

9201 COLLINS AVE #1026, SURFSIDE, FL 33154
(Current mailing address)

8. CONSULTANTS
(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)

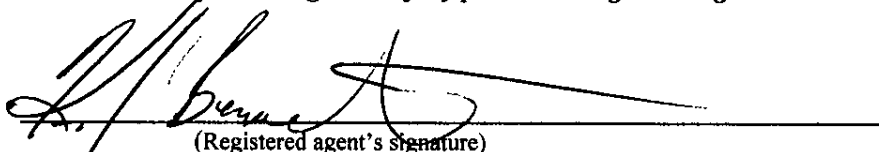
Name: KIMBERLY BENNETT

Office Address: 9201 COLLINS AVE #1026

SURFSIDE, Florida 33154
(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.

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

A. DIRECTORS

~~DIRECTOR~~ ~~Chairman:~~ BRUCE BENNETT

Address: 17200 CHENAL PARKWAY SUITE 300, #141
LITTLE ROCK, AR 72223

~~DIRECTOR~~ ~~Vice Chairman:~~ KIMBERLY BENNETT

Address: 17200 CHENAL PARKWAY SUITE 300, #141
LITTLE ROCK, AR 72223

Director: /

Address: /

Director: /

Address: /

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B. OFFICERS

President: SAME AS ABOVE Bruce Bennett

Address: _____

Vice President: SAME AS ABOVE KIMBERLY BENNETT

Address: _____

Secretary: KIMBERLY BENNETT

Address: SAME AS ABOVE

Treasurer: KIMBERLY BENNETT

Address: SAME AS ABOVE

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. BRUCE BENNETT, DIRECTOR KIMBERLY BENNETT, DIRECTOR
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

THE BROCK-CHAD GROUP, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 02, 2004.

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 30th day of May 2008.

A handwritten signature in cursive script that reads "Charlie Daniels".

Charlie Daniels
Secretary of State

By: A handwritten signature in cursive script that reads "Sue Stiles".
Sue Stiles