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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** New Filing Section
Division of Corporations

**SUBJECT:** SMITH OPERATING AND MANAGEMENT CO.
(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:

HARRY L. AVANT
(Name of Person)

SMITH OPERATING AND MANAGEMENT CO.
(Firm/Company)

P. O. BOX 52
(Address)

SHREVEPORT, LA 71161-0052
(City/State and Zip code)

For further information concerning this matter, please call:

PENNY JO YOHN at ( 318 ) 222-3119
(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 ☒ XX $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. SMITH OPERATING AND MANAGEMENT CO.
(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. LOUISIANA
(State or country under the law of which it is incorporated)

3. 72-0982455
(FEI number, if applicable)

4. November 17, 1983
(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. 400 Texas Street, Suite 927, Shreveport, LA 71101
(Principal office address)

P.O. Box 52, Shreveport, LA 71161-0052
(Current mailing address)

8. Rental of Commercial Real Estate
(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: Bradley Bryant

Office Address: 300 Fifth Ave., South

Naples, Florida 34102
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

**B. OFFICERS**

President: HARRY L. AVANT

Address: 400 TEXAS AVE., SUITE 927

SHREVEPORT, LA 71101

Vice President: _____

Address: _____

_____

Secretary: DEBBIE WALTERS

Address: 400 TEXAS STREET, SUITE 927, SHREVEPORT, LA 71101

Treasurer: DEBBIE WALTERS

Address: 400 TEXAS STREET, SUITE 927, SHREVEPORT, LA 71101

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

13. _____

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

14. HARRY L. AVANT

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

# State of Louisiana

## Jay Dardenne

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

the Articles of Incorporation of

**SMITH OPERATING AND MANAGEMENT CO.**

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on November 17, 1983,

I further certify that no Certificate of Dissolution has been issued.

*In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,*

August 29, 2008

ABA 34128396D

*Secretary of State*

STATE OF LOUISIANA
UNION JUSTICE CONFIDENCE
SECRETARY OF STATE

CERTIFICATE SS 102 PRINTED SEAL (Rev. 11/06)