

F09000003045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

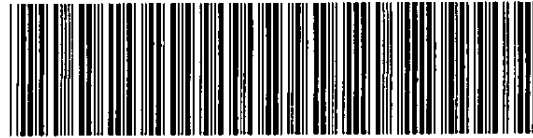
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/31/09--01001--003 **87.50

RECEIVED
09 JUL 30 PM 3:06
TALLAHASSEE, FLORIDA

09 JUL 30 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 07/30/09

REF. #: 001955.108018

CORP. NAME: ARISTOTLE INC.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 1586 FOR \$ 87.50.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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. Aristotle 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. Arkansas 3. 710579210

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

(FEI number, if applicable)

4. September 19, 1983 5. perpetual

(Date of incorporation)

(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. 401 W. Capitol, Suite 700, Little Rock, AR 72201

(Principal office address)

401 W. Capitol, Suite 700, Little Rock, AR 72201

(Current mailing address)

8. Design, development, and marketing of websites to be published on the Internet

(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: CorpDirect Agents, Inc.

Office Address: 515 East Park Avenue

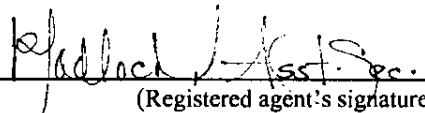
Tallahassee, Florida 32301

(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.


(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

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Chairman: Marla Johnson Norris

Address: 401 W. Capitol, Suite 700

Little Rock, AR. 72201

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TALLAHASSEE, FLORIDA

Vice Chairman: Terry D. Norris

Address: 401 W. Capitol, Suite 700

Little Rock, AR. 72201

Director: Jennifer Peper

Address: 401 W. Capitol, Suite 700

Little Rock, AR. 72201

Director: L. Elizabeth Bowles

Address: 401 W. Capitol, Suite 700

Little Rock, AR. 72201

B. OFFICERS

President: L. Elizabeth Bowles

Address: 401 W. Capitol, Suite 700

Little Rock, AR. 72201

Vice President: Jennifer Peper

Address: 401 W. Capitol, Suite 700

Little Rock, AR. 72201

Secretary: Terry D. Norris

Address: 401 W. Capitol, Suite 700, Little Rock, AR 72201

Treasurer: Terry D. Norris

Address: 401 W. Capitol, Suite 700, Little Rock, AR 72201

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. Terry D. Norris, Secretary

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

Application Addendum

12.

A. Additional Directors

Robert Lindstrom

Tina Van Horn

Bert Carlson Shivers

Benjamin McCorkle

B. Additional Officers

Marla Johnson Norris, CEO

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**Arkansas Secretary of State
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3809

APPROVED
AND
FILED

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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

ARISTOTLE INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 19, 1983.

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 23rd day of July 2009.**

Charlie Daniels

Charlie Daniels
Secretary of State

Online Certificate Authorization Code: fc9734a111224d0

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