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09 SEP -4 PH 2: 48
SECRETARY OF STATE

COVER LETTER

то:	New Filing Section Division of Corporations	
SUBJ	ECT: D & L, INC.	
		rporation - must include suffix
Dear S	ir or Madam:	
"Certif		ation for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please	return all correspondence concerning th	is matter to the following:
		Dana Gay
	1	Name of Person
	D &	& L, INC.
	P	irm/Company
	F	PO Box 628
		Address
	Blythe	eville, AR 72316
	City	y/State and Zip code
	dg	ay@dlinc.net
	E-mail address: (to l	be used for future annual report notification)
For furt	her information concerning this matter,	please call:
Dana	Gay at (870 762-5836
	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
_ ,	d is a check for the following amount: 00 Filing Fee \$\int\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		-
David & Lar	ry, Incorporated			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	ness in Florida)
Arkansas	3.	71-0669286		_
(State or country	under the law of which it is incorporated)	(FEI number, if applicable	;)	
October 18, 1	988 5.	(Duration: Year corp. will cease to exist	····	_
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
, <u>n/a</u>				_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
1411 Ash Ex	tended, Blytheville, AR 72315			_
	(Principal office addre	ess)		_
PO Box 628,	Blytheville, AR 72316			
	(Current mailing addre	ess)		_
Heating and	air conditioning color 9 conting		5	
	air conditioning sales & service) of corporation authorized in home state or cou	entry to be carried out in state of Florida)	7 <u>A</u> (C. C. C	-
			SEP -4 LAHASSE	
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	SSY AR	erenada erenada 1
Name:	NRAI Services, Inc.		HO P	
Office Address:	2731 Executive Park Drive Suite 4	,	F STATE FLORIDA	4 - 134 5
	Weston	33331	DATE BALE	
	(City)	, Florida 33331 (Zip code)	7	
	(City)	(Esp code)		
laving been nam esignated in this urther agree to co nd I am familiar	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agree to a lative to the proper and complete perf	ct in this capa	icity.

(Registered agent's signature)

Matt Thompson, Assistant Secretary

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. DIKI	ECTORS		
Chairman	Larry Newcomb		
Address:	615 South Ridgeway		
	Blytheville, AR 72315		
Vice Chai	rman:		
Address:			
Director:			
Address:			
Director:			
		7ALE (······································
B. OFFI	CERS	SEP -4	
President:	Larry Newcomb	EG P	1
Address:	615 South Ridgeway		, ,
	Blytheville, AR 72315	RIE 8	
Vice Presi	dent:		
		·- ·	
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and the second of the application of Director of Officer listed in number 12 of the application)	nd/or directors.	
ر _{14.} Larr	y Newcomb, President		
· · · · · · · · · · · · · · · · · · ·	(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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SLUNG LAKY 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

D & L, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office October 18, 1988.

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 25th day of August 2009.

Charlie Daniels

Charlie Daniels
Secretary of State

Online Certificate Authorization Code: e05afa3e4177601

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