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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Maine)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Strong Company, 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," or "Certificate of Good Standing" 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:
Donna Brown Name of Person
The Strong Company, Inc.
4505 Emmeth Sanders Bo
Pine Bluff, AR 71601
Stronadonna brown @ aol. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donna Berum at (870) 535-7617 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 & \$78.75 Filing Fee, Certificate of Status Certified Copy \$70.00 Filing Fee & \$78.75 Filing Fee & Certified Copy 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 Strong Company Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Strong - Seal Systems, IMC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ark phoas (State or country under the law of which it is incorporated) 3. 71-08141639 (FEI number, if applicable)
4. 9-14-1998 (Date of incorporation) 5. Perbetus 2 (Duration: Year colp. will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4505 Emmett Sanvers Ro, Pine Bluff AR7160 (Principal office address)
(Current mailing address)
8. Solo of manufactured products (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: CT Carparation
Office Address: 1200 S Pine Island Ro.
Plantation, Florida 33324 (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.
See Attached (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.

ACCEPTANCE OF APPOINTMENT

RE: The Strong Company, Inc.

CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 13, 2009

C T CORPORATION SYSTEM

Katherine Lackey, Asst. Sec.



12: Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: William A. Strong Sr.
Address: 4505 Emmett Sanders Ro.
PIRE Bluff, AR 71601
Vice Chairman: none
Address:
EG &
Director: Annette Klein
Address: 2301 University Dr.
Fine Bluff AR 71602
Director: Betty Jane Strong
Address: 4505 Emmett Sanders Ro
Pine Bluer, Al 711001
B. OFFICERS
President: Larry Horter
Address: 495 Emmett Sanders Ro.
Pino Bluff, AR 71601
Vice President: Larry Tim DeTarnette
Address: 4505 Emmett Sanders Ho.
Pine Blupf, HR 71601
Secretary: H Murray () Ay comb
Address: 114 N. Myrtle, Warnen, AR 71671
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Sam Sant
(Signature of Director or Officer listed in number 12 of the application)
14
(Typed of 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

THE STRONG COMPANY, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 14, 1998.

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 16th day of November 2009.

Charlie Oail

Charlie Daniels Secretary of State

Online Certificate Authorization Code: e983da4375e1b07

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