W # 123

F10000002069

(Requestor's Name)				
<i>::</i>				
(Address)				
(100,000)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Commod Sopies Sommodes of Status				
Special instructions to Filing Officer:				
RECEIVED APR 1 9 2010				
·				

Office Use Only



200176078032

04/20/10--01022--001 **70.00



1. SHINELS WAY 0 4 3010 (0.7)

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJ	ECT: Bennett's Commercial Refrigeration Inc.				
	Name of corporation - must include suffix				
Dear S	Sir or Madam:				
"Certif	iclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.				
Please	return all correspondence concerning this matter to the following:				
Richa	rd B Wright				
	Name of Person				
Benne	ett's Commercial Refrigeration, Inc				
	Firm/Company				
20786	S Arch Street $\frac{2}{5}$				
	Address And Address				
Hensl	ey, AR 72065				
	City/State and Zip code				
richar	d@bennettsrefrigeration.com				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
M	Wain an Diaband Which #01 000 cook				
Mary	Mary Weir or Richard Wright Name of Person at (501) 888-6396 Area Code & Daytime Telephone Number				
	Name of Person Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclos	ed is a check for the following amount:				
× \$70	0.00 Filing Fee Sectificate of Status Certified Copy S78.75 Filing Fee & Certified Copy Certified Certified Copy Certified Certified Copy Certified Copy Certified Cer				

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. Bennett's Con	nmercial Refrigeration, Inc.		
(Enter name of c	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	***
BCR Inc.			
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting	business in Florida)
2. Arkansas	3	3. 71-0602244	
(State or country	under the law of which it is incorporated)	(FEI number, if appli	cable)
4. April 4, 1995		s. Pernetual	
(Date	of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
6		٠.	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability	/)
7. 20786 Arch St	reet Henriey AL 7201	ddress)	
	(Principal office ac	ddress)	
20786 Arch S	treet Henriey, An 120 (Current mailing ac	65	
	(Current mailing ac	ddress)	7
8. refrigerated e	quipment sales		RÓIO H SECK ILLA
(Purpose(s	quipment sales i) of corporation authorized in home state or	country to be carried out in state of Flor	ida) AXX
9. Name and stree	at address of Florida registered agent: (P	.O. Box NOT acceptable)	SER 3
Name:	Corporation Service Company		PS & II
Office Address:	1201 Hays Street	****	3 AM II: 28 YOF STAIF EE. FLORIDA
	Tallahassee	, Florida <u>32301</u> (Zip code)	> Co
	(City)	(Zip code)	
Having been nam designated in this further agree to c	gent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and agred relative to the proper and complete	to act in this capacity. I
·	orporation Service Company	•	
В	y: Mery & Wiene (Registered agent's signature	N	
	(Registered agent's signature	e)	

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: Richard B Wright	
Address: 2230 Lorrance Dr.	2010 78EC:
Little Rock, AR 72206	五 五
Vice President:	SA Y Summer
Address:	MO RIVER
	95
Secretary: Jenny Bennett	0A 28
Address: 1109 Williver Road Hensley, AR 72065	
Treasurer: Jenny Bennett	
Address: 1109 Williver Road Hensley, AR 72065	
NOTE: If progessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
3. 1 1 1 1 1 1 1 1 1 1	
(Signature of Director or Officer listed in number 12 of the app	plication)
4. Richard B Wright (Typed or printed name and capacity of person signing appli	antion)
(Typed of printed name and capacity of person signing appn	Cation)



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

BENNETT'S COMMERCIAL REFRIGERATION, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office April 4, 1995.

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 13th day of April 2010.

Chali Oa 's

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 43810a142cb66c9

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