# F10000004047

•		
(Re	equestor's Name)	
(Ac	ddress)	
	ddress)	
· (Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	. MAIL
	usiness Entity Nar	mo)
(DC	isiless Entity Nai	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200184937242

09/09/10--01020--005 \*\*78.75

FILED

2010 SEP -9 AH 10: OU

SECRETARY OF STATE

J. Shivers SEP 10 2000

### COVER LETTER

.

TO: New Filing S Division of C		
SUBJECT:	Titanium Management Company	•
	Name of corporation - must include suffix	Ť
Dear Sir or Madam:		# #
"Certificate of Existe	cation by Foreign Corporation for Authorization to Transact Business in Florida," nee," or "Certificate of Good Standing" and check are submitted to register the eign corporation to transact business in Florida.	
Please return all corre	espondence concerning this matter to the following:	••
Michael Shook		
	Name of Person	
Titanium Manageme	nt Company	
	Firm/Company	
2605 West Pleasant	Grove Road Ste. 202	•
	Address	Ş
Rogers, Arkansas 72	758	:
	City/State and Zip code	
michael@tmhcsa.com		
	E-mail address: (to be used for future annual report notification)	4
For further informatio	on concerning this matter, please call:	
Michael Shook	at ( 305 ) 767-4301	
Name of Per		
New Filing S Division of C Clifton Build	Corporations Division of Corporations ing P.O. Box 6327 Division of Corporations in Corporation in Corpora	2010 SEP -9
Enclosed is a check f	or the following amount:	الله الله
S70.00 Filing Fee	Certificate of Status  Certified Copy	70 : OI HW

es e se superior de la composition della composi

٠.,

٠.

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

<del>;</del>; .

<u>.</u>

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 Titanium M	lanagement Company		•			7. 9
	of corporation; must include "INCORPORAT" "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			·
						: ^
(If name una	available in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Flo	rida)		;
2. Arkansas		3.	EIN: 281254103			
(State or coun	ntry under the law of which it is incorporated)	-	(FEI number, if applicable)			
4. 17th day C	Oct 2007	5.	perment			
(	Date of incorporation)		(Duration: Year corp. will cease to exist or "perpet	ual")		展3
6. July 31, 20	110					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			٠.
7 15 Lillian Co			,			
7. 10 Linear GC	(Principal office		ress)	<del></del>		٠.
2605 West	Pleasant Grove Road Ste. 202 Rogers Ar.	727	758			<u>.</u>
	(Current mailing			<del></del>		7;
				بے		동 ( - 원교
8. Import/ Exp				20	2	
(Purpo	use(s) of corporation authorized in home state of	OF CC	ountry to be carried out in state of Florida)	SAC	S	*********
9. Name and	street address of Florida registered agent:	(P.C	). Box NOT acceptable)		L.	l ii
Name	J Rod Cameron Law Offices			SS	Ġ	f*****
Office Addres	s: 5089 U.S. 90					: [XTAN
	Milton		, Florida 32571-1503	(J)	AH IO:	1
	(City)		(Zip code)	22	~	4
10. Registere	d agent's acceptance:			)2. (17)	10	: 7
Having been t	named as registered agent and to accept so	ervi	ce 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,						ř.,
and I am fami	to compty with the provisions of all statuti lliar with and accept the obligations of my	es n po	esative to the proper and complete performance sition as revistered agent.	oj my duti	es,	- :
-		•				

(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.

History and indicate or white or a state of the constitution of th

A. DIRECTORS	42.7 50.7
Chairman: Michael Shook	<u></u>
Address: #23 Shoreline Doubloon Road P.O. Box F-60170 Freeport, Grand Bahamas	<u> </u>
	<u> </u>
Vice Chairman: none	<del> </del>
Address:	
	•
Director: none	
Address:	
	<u> </u>
Director:	
Address:	
B. OFFICERS	년 전
President: Michael Shook	· ·
Address: #23 Shoreline Doubloon Road P.O. Box F-60170 Freeport, Grand Bahamas	<del></del>
Vice President: None	
Address:	\S\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
- 111-	
Secretary: Kevin M. Russell	
Address: 13 Lillian Court, Eucaya P.O. Box F-42021	<u> </u>
Teasurer: 1000	have five grown
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director	rs.
13 Am 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Signature of Director or Officer listed in number 12 of the application)	-
14. Michael Shook President	
(Typed or printed name and capacity of person signing application)	

12. Names and business addresses of officers and/or directors:

Hindus or some and the constraint of the constra

tylend American

र में संस्कृत



## 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

#### TITANIUM MANAGEMENT COMPANY

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office October 18, 2007.

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 5th day of July 2010.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: c909787d15e23e5

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