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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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, (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Propak Logistics 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:
Jeannie Pope
Name of Person
Propak Logistics Inc.
Firm/Company
PO Box 11708
Address
Fort Smith, AR 72917-1708
City/State and Zip code
jpope@propak.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALL SECOND
Jeannie Pope at (479) 478-7830 ₹
Jeannie Pope Name of Person at (479) 478-7830 Area Code & Daytime Telephone Number 350 28
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Cloft 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 \$\ \times \text{Certificate of Status} \tag{\$78.75 Filing Fee & \text{Certificate of Status} \tag{\$87.50 Filing Fee, \text{Certificate of Status & \text{Certified Copy}} \end{array}

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.

(II name unavaii	able in Florida, enter alternate corporate na		dispersion for the purpose of management of the second
<u>Arkansas</u>		_ 3.	75-3107303
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)
03-11-03		5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
10/01/10			
	(SEE SECTIONS 607.1501 & 60	07.15	n Florida, if prior to registration) 602, F.S., to determine penalty liability)
5000 Roge	rs Ave. Suite 800 Fort Smi	~~~	
DO D 44	(Principal office		•
	1708 Fort Smith, AR 729	'I 1	-1708
PO BOX I			
PO BOX I	(Current mailing		
Sort, repa	(Current mailing	add od :	ress) shìpping pallets
Sort, repa	(Current mailing	add od :	ress)
Sort, repa	(Current mailing	or co	shipping pallets Duntry to be carried out in state of Florida) D. Box NOT acceptable)
Sort, repa	(Current mailing r, broker and resale of woo s) of corporation authorized in home state	or co	shipping pallets Duntry to be carried out in state of Florida) D. Box NOT acceptable)
Sort, repa (Purpose((Current mailing r, broker and resale of woods) of corporation authorized in home state et address of Florida registered agent:	or co	shipping pallets Duntry to be carried out in state of Florida) D. Box NOT acceptable)
Sort, repa (Purpose(Name and stre Name:	(Current mailing or, broker and resale of woods) of corporation authorized in home state of address of Florida registered agent: CT Corporation System	or co	shipping pallets Duntry to be carried out in state of Florida) D. Box NOT acceptable)

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.

Ketherine Lackey, Asst. Sec. (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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Steven W. Clark Address: 5000 Rogers Ave Suite 800 Fort Smith, AR 72903-2030 Vice Chairman: Address: Director: Address: ___ Director: Address: **B. OFFICERS** President: Steven W. Clark Address: 5000 Rogers Ave Suite 800 Fort Smith, AR 72903-2030 Vice President: Secretary: John H. Cooley Address: 5000 Rogers Ave Suite 800 Fort Smith, AR 72903-2030 Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this accument (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Chief Financial Officer



Arkansas Secretary of State Charlie Daniels

State Capitol Building ◆ Little Rock, Arkansas 72201-1094 ◆ 501-682-3409

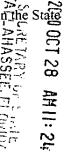
Certificate of Good Standing

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

PROPAK LOGISTICS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office March 11, 2003.

Our records reflect that said entity, having complied with all statutory requirements in the 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 12th day of October 2010.

Charles Davids

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 49476ad9d2d68a2

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