# F1200000024

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only

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SECRETARY OF STATE
TALL AHASSEE

## **COVER LETTER**

TO: New Filing Sec Division of Cor	porations	•.			
SUBJECT: Hou	es Empire Co	proporation			
bedseer	es Empire Co	ation - must include suffix			
Dear Sir or Madam:					
The enclosed "Applicat "Certificate of Existenc		for Authorization to Transact Standing" and check are submi siness in Florida.			
	ondence concerning this ma	atter to the following:			
James D.	Floure				
TOUTES D.	Name	e of Person	· <u>·····</u>		
Ha a Carm	PIRE Corporadi	•			
<u>nayes</u> cmp	TRE COPPORE	Communic			
	rimi/	Company			
2717 Via (	Cipriani Unito	63/ H			
	, A	Address			
Clearwater	r F/ 33764	•			
0,000 00 -1,0	City/Str	ate and Zip code			
idhayes 74	amoul con	<b>^</b>			
141100 1	E-mail address: (to be us	sed for future annual report no	tification)		
For further information	concerning this matter, plea	ate and Zip code  sed for future annual report no			
J.D. Hoyes	at ( <b>47</b>	19 <u>633-3435</u>	· .		
, Name of Perso	n A	rea Code & Daytime Telephor	ne Number		
<del>-</del>	RIER ADDRESS:	MAILING AD			
			New Filing Section Division of Corporations		
Clifton Building P.O. Box 6327					
2661 Executive Tallahassee, FL	Center Circle	Tallahassee, FL	32314		
Enclosed is a check for	the following amount:				
₹70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

APPLICA	TION BY FOREIG	N CORPORAT BUSINESS			ORIZATIO	AAT OT M	SACT	
REGISTER A FOR	WITH SECTION 607.1 PEIGN CORPORATION	V TO TRANSACT	BUSINE	SS IN THE	STATE OF FL	ORIDA的是	ယ	
ı. Hayes E	Empire Corporation; must include	oration						O
(Enter name of co "Inc.," "Co.," "Co	orporation; must include ' orp," "Inc," "Co," or "Cor	'INCORPORATED p.")	)," "CO)	MPANY," "C	ORPORATION	LORIDA LORIDA	0.4 :11	
(If name unavaila	ble in Florida, enter alter	mate corporate name	e adopted	for the purpo	ose of transactin	g business in F	orida)	
ARKANSA	<b>3</b> 5	. 3	8	8-049	5610			
(State or country i	ander the law of which it	is incorporated)	·	(FEI	number, if appl	icable)		
. JUNE 8	. 2011	5	A	coetual	L			
	of incorporation)	5	(Dura	tion: Year co	rp. will cease to	exist or "perpe	tual")	
JONUAR	41,2012							
5. <u></u>	(Date first)	transacted business						
	(SEE SECTION	S 607.1501 & 607.	1502, F.S	i., to determin	e penalty liabili	ty) <b>- 1</b>	.,,	
7 <u>2717</u>	lia Cipriani	Und 63	114	Clearu	vater, F	1/ 33/6	<u>,7</u>	
	Via Cipriani Via Cipriani	(Principal office ad	dress)	01	adaa F	1 2270	·U	
2717 V	1a CIPTIANI	UNH 631	14	Clearw	ulek,	1 3376	7	
	(	(Current mailing ad	ldress)					
. Am all	lower by law	Mayo	00m	and Ma	Isultina			
(Purpose(s)	of corporation authorize	ed in home state or	country to	o be carried o	ut in state of Flo	orida)		
•	•					·		
). Name and street	t address of Florida reg		O. Box	NO1 accept	able)			
Name:	James O.	Hayes						
Office Address:	2717 Via C	ipriani U	nit 6	31 A				
·.	<u>Clearwater</u>			Florida 35	3764			
•	(C	ity)	,,	(Z	ip code)			
10 Domintous								
	ent's acceptance: ed as registered agent	and to accept seri	vice of D	rocess for th	ie above statei	d corporation	at the p	lac
designated in this	application, I hereby a	accept the appoint	tment as	registered o	igent and agre	ee to act in thi	s capac	ity.

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.

(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	A S		
Chairman: James D. Hayes	L CR	2	
Address: 2717 Via Cipciani Unit 631 A	NAT AT	₹	П
Clearwater, F1 33764	3338	ω —	LB
Vice Chairman: Darla G. Hayes	FS	<b>X</b>	0
Address: 2717 Via Cipriani Unit G31A	A A S	34:	
Clearwoder, FI 33764	,		
Director:			
Address:			
Director:			
Address:			
Address.			
B. OFFICERS			
President: James D. Hayes			
2717 1/2 Occioni //2/2 (9/1)			
Olongandoo El 20104			
Vice President:			
Address:	-		
	<del> </del>		
Secretary: Davia G. Hayes	-01/		
	764		
Treasurer: Darla G. Hayes			·
Address: 2717 Via Cipriani Unit 631A, Charwater, Fl	337	<u>69</u>	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directo	rs.	
13.			<del> </del>
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the	facts stat	ed here	ein
are true and that he or she is aware that false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.	of State of	constit	utes a
14. James O. Hayes CEO/President			
(Typed or printed name and capacity of person signing application)			

#### Arkansas Secretary of State Mark Martin

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

SECRETARY OF STA ALLAHASSEE, FLOR

### **Certificate of Good Standing**

I, Mark Martin, 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

#### HAYES EMPIRE CORPORATION

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 8, 2011.

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 28th day of December 2011.

Mark Martin

Mark Martin

Secretary of State Authorization Code: 0c64c9976c59a31

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