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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/20/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HCB MANAGEMENT, 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:

Jennifer Browne
Name of Person
Hank's Furniture, Inc.
Firm/Company
5708 Warden Road
Address
Sherwood, AR 72120
City/State and Zip code
controller@hanksfurniture.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Browne at (501) 565-3561 X336
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

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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

**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. HCB Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arkansas 3. 262449788
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-18-2007 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5708 Warden Rd., Sherwood, AR 72120
(Principal office address)

5708 Warden Rd., Sherwood, AR 72120
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Henry C. Browne

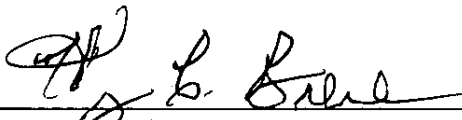
Office Address: 1415 Dove Lane

St. George Island, Florida 32328
(City) (Zip code)

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9. 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.


(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: Henry C. Browne

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Address: 5708 Warden Rd.
Sherwood, AR 72120

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Jennifer Browne

Address: 5708 Warden Rd.
Sherwood, AR 72120

Director: Mary Browne Allen

Address: 5708 Warden Rd.
Sherwood, AR 72120

B. OFFICERS

President: Henry C. Browne

Address: 5708 Warden Rd.
Sherwood, AR 72120

Vice President: Mary Browne Allen

Address: 5708 Warden Rd.
Sherwood, AR 72120

Secretary: Jennifer Browne

Address: 5708 Warden Rd., Sherwood, AR 72120

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (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.

13. Henry C. Browne, Chairman

(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

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TALLAHASSEE, FLORIDA

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

HCB MANAGEMENT, INC.

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 May 2015.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: 73ca13b23fa2421

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