F15000002932

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJ	ECT:	Fax	Privisto	nents. Inc.		
		Name o	f corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi		," or "Certificate	of Good Stan	ding" and check are sub	ct Business in Florida," omitted to register the	
Please	return all correspo	ondence concernir	ng this matter	to the following:		
		M	ike 6			
			Name of I	Person		
Firm/Company						
5209. M. Hwy. 94						
Address						
Roses AD 72757						
Rogers, AR 7275% City/State and Zip code						
•						
E-mail address: (to be used for future annual report notification)						
For fu	ther information of	oncerning this ma	utter, please c	all:		
M	ike fox	,	., 479	> 640-706G		
Name of Person at (. 479) 640-7066 Area Code & Daytime Telephone Number						
	STREET/COU	RIER ADDRESS	:	MAILING A	DDRESS:	
New Filing Section			New Filing Section			
Division of Corporations Clifton Building				Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					
Enclos	ed is a check for t	ne following amou	ant:			
\$70	0.00 Filing Fee	□ \$78.75 Filing Certificate of	Fee & 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. (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. 71-66,19047
(State or country under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual"

(Duration: Year corp. will cease to exist or "perpetual") Ob/21/1999 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Huy 74 - Rogers, AR 72756 (Principal office address) Hwy. 94- Rogers, AR 727 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 26 62 Engle Court

LAKE Wales , Florida 33898

(City) (Zip code) Office Address: 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.

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: _ Address: _ Vice Chairman: ___ Address: _ Director: Address: Director: Address: _ **B. OFFICERS** President: Address: Vice President: Address: _ Secretary: Treasurer: 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 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

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.



Arkansas Secretary of State Mark Martin

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

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

FOX INVESTMENTS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 21, 1999.

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 2nd day of July 2015.

Mark Martin

Mark Martin

Shiffe Cortificate Alithorization Code: 54af0678b58f65d

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