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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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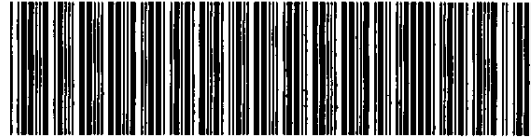
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAY -2 P 1:40

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TALLAHASSEE, FLORIDA

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WRIGHT LINDSEY JENNINGS

200 West Capitol Avenue, Suite 2300 Little Rock, AR 72201-3699 Main 501.371.0808 Fax 501.376.9442 wlj.com

Charlotte S. Anderson
Paralegal

Direct: 501.212.1329 | canderson@wlj.com

April 28, 2016

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application by Foreign Corporation for Authorization to Transact Business in
Florida

Dear Sir/Madam:

Enclosed are one original application by Arkansas Liver and Gastroenterology, P.A. and a check in the amount of \$70.00 for the filing fee. I also enclose the cover letter and good standing certificate for your records. If these forms meet with your approval, please record them and return the filing evidence to me in the enclosed envelope. If you have any questions, please contact me at 501-371-0808 or canderson@wlj.com. Thank you for your assistance in this matter.

Cordially,

WRIGHT, LINDSEY & JENNINGS LLP

Charlotte S. Anderson
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

Arkansas Liver and Gastroenterology, P.A.

SUBJECT: _____
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:

Charlotte Anderson, Paralegal

Name of Person

Wright, Lindsey & Jennings LLP

Firm/Company

200 W. Capitol Ave., Suite 2300

Address

Little Rock, AR 72201

City/State and Zip code

herrakaihab@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Anderson

501 212-1329
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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

**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.*

Arkansas Liver and Gastroenterology, P.A.

1. _____
(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. 47-3824380
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/24/2015 5. _____
(Date of incorporation) (Date of duration, if other than 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. 3416 Old Greenwood Rd., Fort Smith, AR 72903
(Principal office address)

(Current mailing address, if different)

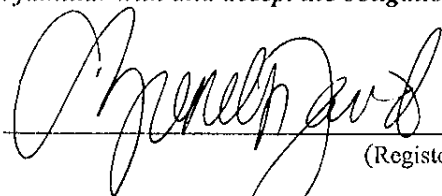
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Dr. Ste A
Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: Ihab Herraka, MD
3416 Old Greenwood Rd., Ste 2A
Address: Fort Smith, AR 72903-5462

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Ihab Herraka, MD
3416 Old Greenwood Rd., Ste 2A
Address: Fort Smith, AR 72903

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

12. *Homell* _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Ihab Herraka, MD _____

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

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CLERK OF STATE
TALLAHASSEE FLORIDA



**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

ARKANSAS LIVER AND GASTROENTEROLOGY, P.A.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office April 24, 2015.

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 26th day of February 2016.

Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code: 8322ae96cec16fb

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