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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HP Development 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: Sid Pickle Name of Person	
Name of Person	_
HP Development, Inc Firm/Company	_
2729 E NeHleton Av Ste E Address	_
Jonesbaco, AR 72401 City/State and Zip code	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Name of Person at (873) 931 9300 Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{\sigma}\$ Certified Copy \$\Boxed{\sigma}\$ \$278.75 Filing Fee & Certificate of Status \$\Boxed{\sigma}\$ \$278.75 Filing Fee & Certificate Opy \$\Boxed{\sigma}\$ \$278.75 Filing Fe	ıs 8

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. HP De (Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")
HP Deve	lapment FL, Inc. able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ackan	y under the law of which it is incorporated) 3. 13-4274280 (FEI number, if applicable)
(State or countr	y under the law of which it is incorporated) (FEI number, if applicable)
4. <u>02/19/-</u> (Date	5. (Date of duration, if other than perpetual)
b	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7729 6	E Netleton Av Ste E Janesboro, AR 72401
	(Principal office address)
	(Current mailing address, if different)
8. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Timothy Sachse
Office Address:	Timothy Sachse 114 Sugar Dr Santa Rosa Beach , Florida 32459 (City) (Zip code)
	Santa Rosa Beach, Florida 32459
	(City) (Zip code)
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. Comply with the provisions of all statutes relative to the proper and complete performance of my familiar with and accept the obligations of my position as registered agent.
	Tinoth, Sach
	(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: ______ Vice Chairman: Director: Address: Director: ത **B. OFFICERS** President: Smette H. Pickle Address: 3808 Riviera Dr Jonesboro, AR 72404 Vice President: Sid Pickle Address: 3828 Riviera Dr Jonesboro, AR 72424 Secretary: Address: 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 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. Sid Pickle V.P.

(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

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

HP DEVELOPMENT, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office February 19, 2004.

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 14th day of June 2016.

Mark Martin

Mark Martin

Secretary of State Online Certificate Authorization Code: 68ebfc759229d9b

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