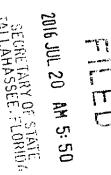
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| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |  |  |
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16 JUL 20 AN 5: 09

K.SMLY EXAMINER IUL 21

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

| Date: 7/20/16  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| ENTITY NAME:   |  |  |  |  |  |  |  |
| BROOKS-JEFFREY MARKETING, INC  |  |  |  |  |  |  |  |
| **PLEASE FILE THE ATTACHED AND RETURN:**  Plain Copy  Certified Copy   |  |  |  |  |  |  |  |
| **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**  Document Number:  |  |  |  |  |  |  |  |
| Certified Copy of Arts & Amendments  |  |  |  |  |  |  |  |
| Certificate of Good Standing   |  |  |  |  |  |  |  |
| **APOSTILLE'/NOTARIAL CERTIFICATION:**   |  |  |  |  |  |  |  |
| COUNTRY OF DESTINATION   |  |  |  |  |  |  |  |
| NUMBER OF CERTIFICATES REQUESTED   |  |  |  |  |  |  |  |
| TOTAL AMOUNT OWED: 470.00  CHECK NUMBER: 2695  PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER. |  |  |  |  |  |  |  |
| Thank you!   |  |  |  |  |  |  |  |
| Tina Goff, President   |  |  |  |  |  |  |  |

### **COVER LETTER**

| TO:   | Registration Section Division of Corporations   |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| arin r  | BROOKS-JEFFREY MARKETING, INC   |   |  |  |  |  |  |  |
| SUBJECT:  Name of corporation - must include suffix |   |   |  |  |  |  |  |  |
| Dani C  | •   |   |  |  |  |  |  |  |
| Dear S  | ir or Madam:  |   |  |  |  |  |  |  |
| "Certif   |   | or Authorization to Transact Business in Florida," anding" and check are submitted to register the ness in Florida. |  |  |  |  |  |  |
| Please  | return all correspondence concerning this matt  | er to the following:  |  |  |  |  |  |  |
| PHYLI   | LIS HILL  |   |  |  |  |  |  |  |
|   | Name o  | f Person  |  |  |  |  |  |  |
| BROO  | KS-JEFFREY MARKETING, INC.  |   |  |  |  |  |  |  |
|   | Firm/Co   | mpany   |  |  |  |  |  |  |
| 19 ME   | DICAL PLAZA   |   |  |  |  |  |  |  |
|   | Add   | ress  |  |  |  |  |  |  |
| MOUN  | ITAIN HOME, AR 72653  |   |  |  |  |  |  |  |
|   | City/State  | and Zip code  |  |  |  |  |  |  |
| phill@l   | bjimweb.com   |   |  |  |  |  |  |  |
|   | E-mail address: (to be used   | for future annual report notification)  |  |  |  |  |  |  |
| For fur   | ther information concerning this matter, please   | call:   |  |  |  |  |  |  |
| URS A   | gents C/O Kanetha Bishop 800  | 567-4397  |  |  |  |  |  |  |
|   | Name of Person Area Co  | de 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                  |  |  |  |  |  |  |
| Enclose   | ed is a check for the following amount:   |   |  |  |  |  |  |  |
| <b>3</b> \$70.                                      | .00 Filing Fee \$\Bigcup \frac{1}{2} \\$78.75 Filing Fee & Certificate of Status  | ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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, BROOKS-JEFFREY MARKETING, 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) 71-0657755 (FEI number, if applicable) (State or country under the law of which it is incorporated) 01/04/1988 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 19 MEDICAL PLAZA MOUNTAIN HOME, AR 72653 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) URS AGENTS, LLC Name: 3458 LAKESHORE DRIVE Office Address: TALLAHASSEE , Florida 9. Registered agent's acceptance: Having been named as registered agent und 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. Kanetha Bishop, Assistant Secretary (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 address  | esses of officers and/or  | directors:                                   |  | 1-11                            | $E_D$                                   |
|---|---|--|--|---------------------------------|---|
| A. DIRECTORS  |   |  | 20                                       | 16 JUL 20                       | AM 5: 50                                |
| Chairman:   |   | · · · · · · · · · · · · · · · · · · ·        | SE                                       | <del>CRF 13 65.</del>           | AM 5: 50                                |
| Address:  |   |  | !AL[                                     | CRETARY O<br>AHASSEE,           | PESTATE<br>FLORIDA                      |
| Vice Chairman:  |   |  |  |                                 |   |
| Address:  |   | <u>.                                    </u> |  |                                 | <del></del>                             |
| SHANNON L. BROO   | KS  |  |  |                                 | ·                                       |
|   | MOUNTAIN HOME, A  | R 72653                                      | •  |                                 |   |
| Director: JODIE E. JEFFREY  | 1990  |  |  |                                 |   |
| Address: 19 MEDICAL PLAZA   | MOUNTAIN HOME, A  | R 72653                                      |  |                                 |   |
| B. OFFICERS  SIIANNON I BROC  President:  19 MEDICAL PLAZA  Address:                              | MOUNTAIN HOME. A  | R 72653                                      |  |                                 |   |
| Vice President: JODIE E. JEFFI  | REY   |  |  |                                 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 19 MEDICAL PLAZA  | MOUNTAIN HOME A   | R 72653                                      |  |                                 |   |
| Secretary:  |   |  |  |                                 | <del></del>                             |
| -   |   |  |  |                                 | <del></del>                             |
|   |   |  |  |                                 |   |
| Address:  |   |  |  |                                 |   |
| NOTE: If necessary, you may   | attue an addendum to  | the application lis                          | sting additional office                  | rs and/or dire                  | ectors.                                 |
| The officer or director signing are true and that he or she is as a third degree felony as provid | this document (and who ware that false informatics for in s.817.155, F.S. | ion submitted in a<br>poKs Pre               | er 11 above) affirms document to the Dep | that the facts<br>artment of St | stated herein<br>ate constitutes        |
| (Type   | d or printed name and ca  | apacity of person :                          | signing application)                     |                                 |   |



## Arkansas Secretary of State Mark Martin

2016 JUL 20 AM 5:50

State Capitol Building \* Little Rock, Arkansas 72201-1094 \* 501-682-34

## **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

#### BROOKS-JEFFREY MARKETING, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 4, 1988.

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 4th day of May 2016.

Mark Martin

Secretary of State Authorization Code: 9153c6d6b08eff9

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