F16000003751

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COVER LETTER

	sistration Se					
SUBJECT	Central A	- djustment Compa	ny, Incorpora	ted	•	
		Name	of corporat	ion - mus	t include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or	Madam:					
"Certificate	of Existence	ion by Foreign (e," or "Certifica m corporation to	te of Good S	Standing"	and check are subm	Business in Florida," itted to register the
Please retur Karen Brow		oondence concer	ning this ma	tter to the	following:	
			Name	of Persor	1	
Central Adju	stment Com	pany, Incorporated	I			
2207 Hidde	n Valley Driv	e, Suite 103	Firm/C	Company		
			A	idress	· • • • · · · · · · · · · · · · · · · ·	
Little Rock,	Arkansas 72:	221				
karen.browr	ing@central:	adjustment.com	City/Sta	te and Zip	code	
			ss: (to be us	ed for fut	ure annual report no	tification)
For further	information	concerning this	•		•	,
Karen Browning		888 at (7-5506 ext 431		
Na	ume of Perso	on		Code	Daytime Telepho	one 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	s a check for	the following a	mount:			
\$70.00	Filing Fee	□ \$78.75 Fil Certificat	ing Fee & e of Status		.75 Filing Fee & tified 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 co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,			
(If name unavaila	ble in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	g business in Florida)			
Arkansas	3	71-0702352 3				
	under the law of which it is incorporated)	(FEI number, if applicable)				
March 8, 1991	5					
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)			
2207 Hidden Vall	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ey Drive, Suite 105 - Little Rock, Arkansas 722	02, F.S., to determine penalty liability	ty)			
•	(Principa	ıl office address)				
P.O. Box 25068 I	Little Rock, Arkansas 72221		•			
	(Current mailing	g address, if different)	 			
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O Registered Agents Legal Services, LLC	. Box <u>NOT</u> acceptable)	16 AUG			
Office Address:	155 Office Plaza Drive, Suite A		23 I			
	Tallahassee	32301 , Florida	OF SI			
	(City)	(Zip code)): 51 STATE ORIDA			
D = 2-4 2	ent's acceptance:		<u> </u>			

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:	****
Address:	
Vice Chairman:	
Address:	
D:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
John David McCullough President:	
Address: 2722 Cypress Drive - Benton, Arkansas 72019	16 R
	1 65 1
Vice President: Norma McCullough	SSE W
2722 Cypress Drive - Benton, Arkansas 72010	THE PERSON NAMED IN COLUMN
Address:	9:51 LORID
	OFFI-
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	cers and/or directors.
12. John J. W. Wallargh	<u> </u>
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirm	is that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	epartment of State constitutes
Karen Browning / TPA Services Coordinator/Supervisor	

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: __ Vice Chairman: Address: Address: _____ Address: _____ **B. OFFICERS** John David McCullough President: 2722 Cypress Drive - Benton, Arkansas 72019 Address: _ Vice President: Norma McCullough Secretary: 2722 Cypress Drive - Benton, Arkansas 72019 Address: _ Treasurer: ____ Address: ___ 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

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

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

Jennifer Telford Marketing/Client Services Liaison



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

CENTRAL ADJUSTMENT COMPANY, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office March 8, 1991.

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 May 2016.

Mark Martin

Secretary of State Nithorization Code: 49a4d4bd349ad70

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