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FOREIGN PROFIT/NONPROFIT CORPORATION WALLACE, RUSH, SCHMIDT, INC.

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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.

	SH, SCHMIDT, INC.			
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "IN orp." "Inc." "Co." or "Corp."	CORPORATED," "CO")	OMPANY," "CORPORATION,"	
(I) name unavaila	ble in Florida, enter alternat	le corporate name adop	ted for the purpose of transacting b	ousiness in Florida)
_				
(State or country	y under the law of which it is	s incorporated)	(FEI number, if appli	cable)
4 JANUARY 1, 2015 5.		5		
(Date of incorporation)			(Date of duration, if other than perpetual)	
6. N/A				
			rida, if prior to registration) F.S., to determine penalty liability)
7, 3030 N. ROCKY	POINT DR, STE 150A.	TAMPA, FL 33607		
			(Fice address)	2017
PO BOX 11, LE	ACHVILLE, AR 72438			
		(Current mailing ac	diess, il different)	24
8. Name and street	<u>et address</u> of Florida regis	stered agent: (P.O. B	ox NOT acceptable)	FILED MII: 57
Name:	Northwest Registered Ag	ent, LLC.	_	10 F. C.
Office Address:	3030 N. Rocky Point D	or. STE 150A	_	57 - 1
	Tampa		, Florida <u>33607</u>	
	(City	y)	(Zip code)	
designated in this	ned as registered agent as application, I hereby ac comply with the provision	cept the appointments of all statutes rela	of process for the above stated t as registered agent and agrec tive to the proper and complete y position as registered agent.	r to act in this capacity. $T=$

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Director: DAVID WALLACE Address: 100 W DOC RODMAN, LEACHVILLE, AR 72438 Director: Address: B. OFFICERS President: DAVID WALLACE Address: 100 W DOC RODMAN, LEACHVILLE, AR 72438 -----Mice President: _____ Address: Secretary: 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 a third degree felony as provided for in s.817.155, F.S. 13. DAVID WALLACE, PRESIDENT



Arkansas Secretary of State Mark Martin

MINE WILLS 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

WALLACE, RUSH, SCHMIDT, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 1, 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 28th day of June 2016.

Mark Martin

Secretary of State Authorization Code: 90fba86f04bbce5 To verify the Authorization Code, visit sos.arkansas.gov