

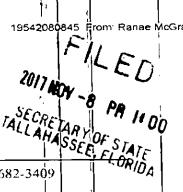
COVER LETTER

O: Registration Section Division of Corporations		
SUBJECT: PAT SALMON & S	ONS, INC.	
UBJECT:	Name of corporation - must include suffix	-
Dear Sir or Madam:		,
Certificate of Existence," or "Co	reign Corporation for Authorization to Transact Business in Florid ertificate of Good Standing" and check are submitted to register the tion to transact business in Florida.	a,"
case return all correspondence	concerning this matter to the following:	
IANICE HULL		
	Name of Person	
PAT SALMON & SONS, INC.		
	Firm/Company	
4000 E. MCCAIN BLVD		
	Address	
AND THE PROPERTY OF THE PROPERTY AND TO LET	,	
NORTH LITTLE ROCK, AR 7211		
	City/State and Zip code	
JHULL@SALMONCOMPANIES.	COM	
E-mai.	l address: (to be used for future annual report notification)	
For further information concernit	ng this matter, please call:	
IANICE HULL	501 255-0678	
Name of Person	at (501) 255-0678 Area Code Daytime Telephone Number	
	, 1	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassec, FL 32301	Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for the follow	wing amount:	
	7.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing rtificate of Status Certified Copy Certified Copy Certified Copy	Stat
	1 1	

To:	H	Page	Δ	nf	

Page 4 of 6	2017-11-07 18:00 10 CST	19542080845	From; Ranae McGraw
A	PPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION BUSINESS IN FLORIDA	TO TRANS	ACT
REGIST	PLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS S OR A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLO	UBMITTED TO ORIDA.	
	ALMON & SONS, INC.		
"Inc.',"	name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Co.," "Corp," "Inc," "Co," or "Corp.")		
' (If nam	e unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting	business in Florid	ín)
aRK.	NSAS33.		<u> </u>
(State	or country under the law of which it is incorporated) (FEI number, if appl	icable)	1
4. 8/15/	y75 5	i	1
٠٠	(Date of incorporation) 5. (Date of duration, if other the	an perpetual)	
6. 7/1/2			
o	(Date first transacted husiness in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability	,,	
	MCCAIN BLVD, NORTH LITTLE ROCK, AR 72117	'	, i
7	(Principal office address)		ا يخ
t	(Frincipal Office address)	ÉS.	
	(Current mailing address, if different)	— 	酒
	(Canton maning actions)	製	DE PE
e Vanu	and street address of Florida registered agent: (P.O. Box NOT acceptable)	SEA	o ITI
8. Name	NRAI Services, Inc	mg.	3 3
Office A	1200 South Pine Island Road	ORIC	100
311103	Plantation , Florida 33324	1 7	·
	(City) (Zip code)		
Having designa	sered agent's acceptance: been named as registered agent and to accept service of process for the above stated ted in this application, I hereby accept the appointment as registered agent and agre agree to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligations of my position as registered agent. CT Corporation System	e 10 act in this e e performance	capacity. 1
:	By: Jennifer Quinn		1
	(Registered agent's signature)		1
the Dep	nened is a certificate of existence duly authenticated, not more than 90 days prior to de artment of State, by the Secretary of State or other official having custody of corporate law of which it is incorporated.	livery of this ap	pplication to jurisdiction

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





Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

1. 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

PAT SALMON & SONS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office July 2, 1975.

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 7th day of November 2017.

Softhe Extificate Amhorization Code: d4de56a48c6121e

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