

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
PAT SALMON & SONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$720.00

2017 NOV -8 AM 9:55

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 NOV -8 PM 1:00

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NOV - 9 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAT SALMON & SONS, 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:

JANICE HULL

Name of Person

PAT SALMON & SONS, INC.

Firm/Company

4400 E. MCCAIN BLVD

Address

NORTH LITTLE ROCK, AR 72117

City/State and Zip code

JHULL@SALMONCOMPANIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE HULL

at (501) 255-0678

Name of Person

Area Code

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified 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.

1. PAT SALMON & SONS, 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)

2. ARKANSAS 3. 71-0468844

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/15/1975

5. (Date of duration, if other than perpetual)

(Date of incorporation)

6. 7/1/2016

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4600 E. MCCAIN BLVD, NORTH LITTLE ROCK, AR 72117

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and 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.

C T Corporation System

By:



Jennifer Quinn

(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.

2017 NOV - 8 PM 11:00  
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 11. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: DON SALMON

Address: 4600 E. MCCAIN BLVD  
NORTH LITTLE ROCK, AR 72117

Vice Chairman:

Address:

Director: TOM SALMON

Address: 4600 E. MCCAIN BLVD  
NORTH LITTLE ROCK, AR 72117

Director:

Address:

## B. OFFICERS

President: DON SALMON

Address: 4600 E. MCCAIN BLVD  
NORTH LITTLE ROCK, AR 72117

Vice President: JAMES SALMON

Address: 4600 E. MCCAIN BLVD  
NORTH LITTLE ROCK, AR 72117

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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. DON SALMON, PRESIDENT

(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

**FILED**  
**2017 NOV -8 PM 11:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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

**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.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: d4de56a18e6121e

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)