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(Req	uestor's Name)	
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(City	/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	iness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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# **COVER LETTER**

TO: Registration Section Division of Corporations	
Harbor Environmental, Inc. SUBJECT:	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	ntter to the following:
Andrew Rike	
Name	of Person
Harbor Environmental, Inc.	
Firm/C	Company
5800 Evergreen Drive	,
A	ddress
Little Rock, AR 72205	
City/Sta	te and Zip code
arike@harborenv.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Trena Adair at ( 501	, 663-8800
Name of Person Area C	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

## 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 corporation: must include "INCORPORATED." "COMPANY." "CORPORATI "Inc" "Co.," "Corp." "Inc," "Co," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact.  2. Arkansas 3. 26-1338592	
2. Arkansas 3. 26-1338592	cting business in Florida)
2. Arkansas 3. 26-1338592	
	-
(State or country under the law of which it is incorporated) (FEI number, if	f applicable)
4. 10-29-17 5.	
4. (Date of incorporation) 5. (Date of duration, if ot	her than perpetual)
n/a 6.	<b>38 1</b>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty lia 7. 5800 Evergreen Drive, Little Rock, AR 72205	ability)
(Principal office address)	M 3: 2
(Current mailing address, if different)	O A
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: InCorp Services. Inc.	
Office Address: 17888 67th Court North	
Loxahatchee 33470 , Florida	
(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.

Yara E. Alfaro-Sullivan on behalf of InCorp Services, Inc.
(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.

A. DIRECTORS  Chairman: Address:  Vice Chairman: Address:  Director: Address:  Director: Address:  B. OFFICERS  President: Trena Adair  S800 Evergreen Drive, Little Rock, AR 72205  Vice President: Leslie Davis  Address:  S800 Evergreen Drive, Little Rock, AR 72205  Vice President: Leslie Davis  Address:  S800 Evergreen Drive, Little Rock, AR 72205  Vice President: Leslie Davis  Address:  S800 Evergreen Drive, Little Rock, AR 72205  Secretary: Address:  NOTE: If necessary for may attach an addendum to the application fisting 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.	11. Names and business addresses of officers and/or directors:	
Address:  Director: Address:  Director: Address:  B. OFFICERS  President: Trena Adair  Address:  S800 Evergreen Drive, Lintle Rock, AR 72205  Vice President: Leslie Davis  Address:  S800 Evergreen Drive, Lintle Rock, AR 72205  Vice President: Leslie Davis  Address: S800 Evergreen Drive, Lintle Rock, AR 72205  Secretary: Address: Treasarer: Address: Treasarer: 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.	A. DIRECTORS	
Vice Chairman:  Address:  Director: Address:  Director: Address:  B. OFFICERS  President:  Trena Adair  Address:  5800 Evergreen Drive, Little Rock, AR 72205  Vice President:  Leslie Davis  Address:  5800 Evergreen Drive, Little Rock, AR 72205  Vice President:  Leslie Davis  Address:  Secretary:  Address:  Treasurer: Address:  Treasurer: Address:  NOTE: If necessary ou may attach an addensum 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.	Chairman:	
Vice President:  Leslie Davis  Address:  Secretary:  Address:  Secretary:  Address:  Secretary:  Address:  Secretary:  Address:  Treasurer:  Address:  Secretary:  Address:  Secretary:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessury out 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.	Address:	
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(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

### CERTIFICATE OF EXISTENCE

I, Mark Martin, Arkansas 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

## HARBOR ENVIRONMENTAL, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed a Articles of Incorporation in this office October 29, 2007.

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.

I certify this entity has not filed articles of dissolution with this office.

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 20th day of November, 2017.

Mark Martin

Arkansas Secretary of State

Mark Martin

Julia Butler