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(Red	questor's Name)				
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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: Media Unlii	nited, Inc.				
		Name of corporat	ion -	must include suffix		
Dear S	ir or Madam:					
"Certi	icate of Existence,	n by Foreign Corporation or "Certificate of Good Seorporation to transact bus	Stand	ing" and check are sub		
Please	return all correspoi	ndence concerning this ma	itter t	o the following:		
John E	d Welch					
		Name	of Po	erson		
Welch	Couch & Company,					
		Firm/C	lomp	any		
410 B:	rnett Dr.					
		Ad	ldres	· · · · · · · · · · · · · · · · · · ·	***************************************	
Ratecy	ille, AR 72501					
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City/Star	te and	l Zip code	· · · · · · · · · · · · · · · · · · ·	
johned	welch@msn.com					
		E-mail address: (to be us	ed fo	r future annual report r	notification)	
For fu	ther information co	oncerning this matter, plea	se ca	1:		
leff W	elch	at () 256-6624		
<u> </u>	Name of Person	Area C			hone Number	
	STREET/COUR Registration Secti Division of Corpo Clifton Building	on orations		MAILING A Registration S Division of Co P.O. Box 6327	ection orporations 7	
	2661 Executive C Tallahassee, FL 3			Tallahassee, F	L 32314	
Enclos	ed is a check for th	e following amount:				
□ S70	0.00 Filing Fee 1	■ \$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.	Media Unlimite	d, Inc.			
••		orporation; must include "INCORPORATED," "orp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"		
	(If name unavails	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting bus	iness in Florida)	
2.	Arkansas				
4.	(State or country under the law of which it is incorporated 11/09/2011				
4.	(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.					
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) E.S. to determine penalty liability)		
7.	102 Industria	Blvd., Batesville, AR 72501	, 7.5., to determine penary maomity,		
•	(Principal office address)				
		(Current mailing a	nddress, if different)	DEC - 7	
8.	Name and stree	et address of Florida registered agent: (P.O. l	Box <u>NOT</u> acceptable)	. A	
	Name:	Phillip Pulley	_	€	
<u></u>	ffice Address:	6901-A North 9th Avenue #136		6 1	
Ů.	mee Address.	Pensacola	— 32504 , 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.

(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 Phillip Pulley Chairman: 6901-A North 9th Avenue #136 Address: Pensacola, FL 32504 Vice Chairman: Address: Director: **B. OFFICERS** Phillip Pulley President: 6901-A North 9th Avenue #136 Address: _ Pensacola, FL 32504 Vice President: Address: __ Phillip Pulley Secretary: 6901-A North 9th Avenue #136, Pensacola FL 32504 Address: _ Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. J 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. Phillip Pulley, President

13.



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

MEDIA UNLIMITED, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office November 9, 2011.

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 29th day of November 2017.

Mark Martin

Secretary of State Authorization Code: cf17717590348fc

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