

F18000004467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03/24/18
SEP 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations
PRIORITY-1, INC.

SUBJECT: _____
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:
ANDREA CORLEY

Name of Person

Firm/Company

PO BOX 398

Address

NORTH LITTLE ROCK, AR 72115

City/State and Zip code

ANDREA@PRIORITYWIRE.COM

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

For further information concerning this matter, please call:

ANDREA CORLEY 501 372-5444

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.*

PRIORITY-1, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PRIORITY-1 LOGISTICS, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
AR 710790065

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
05/02/1996

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

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1800 EAST ROOSEVELT RD. LITTLE ROCK, AR 72206

7. _____
(Principal office address)
PO BOX 398, NORTH LITTLE ROCK, AR 72115

(Current mailing address, if different)

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

NRAI SERVICES, INC.

Name:

1200 SOUTH PINE ROAD

Office Address:

PLANTATION

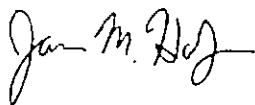
33324

(City)

Florida (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.



James M. Halpin
Assistant Secretary

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

JAMES E NEWMAN

Chairman: _____
1800 EAST ROOSEVELT RD. LITTLE ROCK, AR 72206
Address: _____

KEN HAMILTON

Vice Chairman: _____
1800 EAST ROOSEVELT RD, LITTLE ROCK, AR 72206
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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B. OFFICERS

JAMES E NEWMAN

President: _____
1800 EAST ROOSEVELT RD, LITTLE ROCK, AR 72206
Address: _____

KEN HAMILTON

Vice President: _____
1800 EAST ROOSEVELT RD, LITTLE ROCK, AR 72206
Address: _____

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.

JAMES E NEWMAN

13. _____
(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 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

PRIORITY-1, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office May 2, 1996.

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 12th day of September 2018.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: 07dbc7359160bb3

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