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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

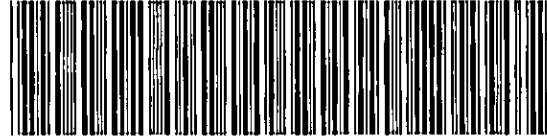
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 NOV -8 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

N CULLIGAN

NOV 28 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BENCHMARK PROPERTY MANAGEMENT CORP  
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:

STANLEY SMITH

Name of Person

JSACPAS, PLLC

Firm/Company

201 S CHESTER

Address

LITTLE ROCK, AR 72201

City/State and Zip code

STANLEY@JSACPAS.NET

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

For further information concerning this matter, please call:

STANLEY SMITH at ( 501 ) 804-7493  
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. BENCHMARK PROPERTY MANAGEMENT CORP

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

ARKANSAS BENCHMARK PROPERTY MANAGEMENT CORP

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

2. ARKANSAS 3. 20-5560380  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/18/2006 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/01/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 327 HWY 425 N, MONTICELLO, ARKANSAS 71655  
(Principal office address)

PO BOX 653 MONTICELLO, ARKANSAS 71657

(Current mailing address, if different)

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

Name: LEE ANN BLACK

Office Address: 2780 SCENIC HWY 98, UNIT 202

DESTIN . Florida 32541  
(City) (Zip code)

☒ **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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

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

\_\_\_\_\_

Director: \_\_\_\_\_

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

\_\_\_\_\_

Director: \_\_\_\_\_

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

\_\_\_\_\_

**B. OFFICERS**

President: LEE ANN BLACK

Address: 2780 SCENIC HWY 98, UNIT 202

DESTIN, FL 32541

Vice President: CHARLES C. TURNAGE

Address: PO BOX 653

MONTICELLO, AR 71655

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. LEE ANN BLACK, president

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

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2018 NOV - 8 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399



**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

**BENCHMARK PROPERTY MANAGEMENT CORP.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 18, 2006.

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 31st day of October 2018.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: ea12d3b0aed3735

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