

F19000000570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

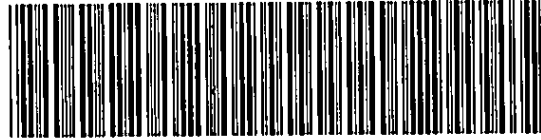
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600323214446

01/25/19--01010--022 **70.00

2019 JAN 25 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

UCS
1-31-19



NTB Associates, Inc.

Surveyors
www.ntbainc.com

January 24, 2019

Florida Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: NTB Associates, Inc.
Profit Qualification for Foreign Corporations**


To Whom It May Concern,

Per the Florida Department of State Division Corporations instructions, attached please find the following items:

- Complete Cover Letter
- Complete Application
- Certificate of Authority & Articles of Incorporation
- \$70.00 Check for Registration Fee

Should you require additional information, please contact me at (318) 226-9199.

NTB Associates, Inc.


Sarah Rossini
Marketing Assistant

SHREVEPORT, LA
525 Louisiana Ave.
Shreveport, LA 71101
Phone: (318) 226-9199
Fax: (318) 221-1208
TX Surv No. 10118440
TX Eng No. F-955

ZACHARY, LA
8643 Main St.
Zachary, LA 70791
Phone: (225) 751-4002
Fax: (225) 751-4006
TX Surv No. 10193873

MONAHAN, TX
601 Interstate 20
Ste. 41
Monahan, TX 79756
Phone: (432) 943-2633
TX Surv No. 10194279

MOUNTAIN HOME, AR
216 South College St.
Mountain Home, AR 72653
Phone: (870) 425-5353
Fax: (870) 424-2333

LITTLE ROCK, AR
500 D Pleasant Valley Dr.
Ste. 102
Little Rock, AR 72227
Phone: (501) 664-6380
Fax: (501) 280-0411
TX Surv No. 10118401

ARDMORE, OK
20 B Street Northwest
Ardmore, OK 73401
Phone: (580) 319-4097

COVER LETTER

TO: Registration Section
Division of Corporations

NTB Associates, 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:

Sarah Rossini

Name of Person

NTB Associates, Inc.

Firm/Company

525 Louisiana Ave.

Address

Shreveport, LA 71101

City/State and Zip code

srossini@ntbainc.com

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

For further information concerning this matter, please call:

Sarah Rossini

318

226-9199

at (_____) _____

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**

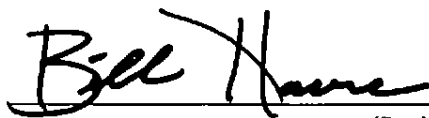
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. NTB Associates, 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. Louisiana 3. 72-1076678
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/14/1986 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)
7. 525 Louisiana Ave. Shreveport, LA 71101
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agents Inc.
- Office Address: 7901 4th St. N., Suite 300
- St. Petersburg , Florida 33702
(City) (Zip code)

FILED
2019 JAN 25 PM 1:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 Agents Inc.
Bill Havre - 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.

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

A. DIRECTORS

Chairman: Paul B. Rossini

Address: 525 Louisiana Ave. Shreveport, LA 71101

Vice Chairman:

Address:

Director: Gregory W. Gras

Address: 525 Louisiana Ave. Shreveport, LA 71101

Director: Sally J. Johnson

Address: 525 Louisiana Ave. Shreveport, LA 71101

B. OFFICERS

President: Paul B. Rossini

Address: 525 Louisiana Ave. Shreveport, LA 71101

Vice President:

Address:

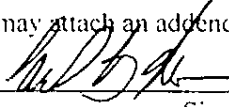
Secretary: Gregory W. Gras

Address: 525 Louisiana Ave. Shreveport, LA 71101

Treasurer: Sally J. Johnson

Address: 525 Louisiana Ave. Shreveport, LA 71101

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

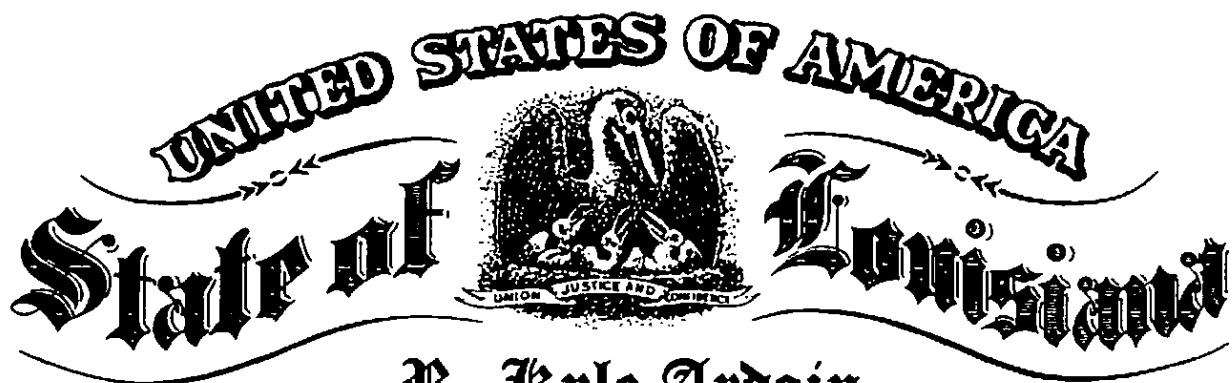
12.  Signature of Director or Officer

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. Paul B. Rossini

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

FILED
2019 JAN 25 PM 1:20
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Incorporation of

NTB ASSOCIATES, INC.

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on August 14, 1986,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 24, 2019

