# P190001696

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2019

JOHNNY BURGESS 325 W CAPITOL AVE, SUITE 200 LITTLE ROCK, AR 72201

SUBJECT: MAINSTREAM TECHNOLOGIES, INC.

Ref. Number: W19000011216

We have received your document for MAINSTREAM TECHNOLOGIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 519A00002464

## **COVER LETTER**

TO:	Registration Section						
	Division of Corporations						
	Mainstream Technologies,	Inc.					
SUBJ	ECT:						
	Name	e of corporation	- must ir	iclude suffix			
Dear S	Sir or Madam:						
"Certi	nclosed "Application by Foreign ( ficate of Existence," or "Certifica referenced foreign corporation to	te of Good Star	nding" an	d check are sub			
	return all correspondence concer Burgess	ning this matter	to the fo	llowing:		:	
Mainst	tream Technologies, Inc.	Name of	Person		1.7	=	
					<u></u>	<u> </u>	
325 W	est Capitol Avenue, Suite 200	Firm/Com	ipany		3	•	
Little I	Rock, AR 72201	Addre	ess				
johnny ———	burgess@mainstream-tech.com	City/State a	·				
	E-man addre	ss: (to be used	ior future	annuai report i	notification)		
For fu	rther information concerning this	matter, please o	call:				
Sara C	hristie	501	801-6750				
		at (	)				
	Name of Person	Area Cod	e	Daytime Telep	hone Numb	er	
Enclos	STREET/COURIER ADDRE 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				
	o.00 Filing Fee	ing Fee & □		Filing Fee & ed Copy	Certif	Filing Fe ficate of St fied 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. Mainstream Technologies, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Mainstream Tech, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 71-0798139 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) 10/01/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability): 325 West Capitol Avenue, Suite 200, Little Rock, AR 72201 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jeff Richard Name: 5753 Highway 85 North #3411 Office Address: Crestview (City)

#### 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.

JEFF RICHARD, 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 Chairman: Address: \_\_\_ Vice Chairman: Director: Address: Address: \_\_\_ **B. OFFICERS** Johnny R Burgess II President: 325 West Capitol Ave, Suite 200 -Address: Little Rock, AR 72201 Jeffrey Byers Vice President: 325 West Capitol Ave, Suite 200 Address: Little Rock, AR 72201 Mark McClelland Secretary: 325 West Capitol Ave, Suite 200 Little Rock, AR 72201 Address: Mark McClelland Treasurer: 325 West Capitol Ave, Suite 200 Little Rock, AR 72201 Address: NOTE: If necessary, you 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. (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 seconds of domestic and foreign corporations, do hereby certify that the records of this office show

# MAINSTREAM TECHNOLOGIES, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office October 14, 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 Scal. Done at my office in the City of Little Rock, this 25th day of January 2019.

Mark Martin

Shiffe CEX in Call Mithorization Code: 7008c9c74e6160a

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