F2000002949					
(Requestor's Name) (Address) (Address)	400346083454				
(City/State/Zip/Phone #)	06/26/20101010-0011144-00100				
Certified Copies Certificates of Status Special Instructions to Filing Officer: 7/1 Received permission to write Address on the Primary Address Line from T. Dawly DC					

Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HDMS & STANDARD GIS, INC.

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:

Timothy Dowty

	Name o	f Person		
HDMS & STANDARD GIS,INC.				
	Firm/Co	mpany		<u> </u>
409 Main Street				
	Add	ress		
North Little Rock, AR 72114				
	Citv/State	and Zip code		
tim@HDMSarch.com		•		
E-mail	address: (to be used	for future annual report	notification)	<u>-8</u>
For further information concerning				JUH 2
Timothy Dowty	at (501	3745500	•	् जि
Name of Person	Area Co	de Daytime Telep	phone Number,	- 192 ()
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Su Tallahassee, FL 32303		MAILING A Registration 1 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	5
-	IDA DEPARTMEN	T OF STATE S78.75 Filing Fee & Certified Copy	\$87.50 Filin Certificate Certified C	of Status &

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.	HDMS & STAN	NDARD GIS, INC.				
•		corporation: must include "INCORPOR corp," "Inc," "Ca," or "Corp.")	ATED." "C	COMPANY," "CORPORATION	1,"	-
	(If name unavail	able in Florida, enter alternate corporate	: name adoj	oted for the purpose of transactin	g business in Florida)	-
2	Arkansas		3			
	(State or country under the law of which it is incorporated		ted)	(FEI number, if applicable)		
4	June 29, 2007		5			
	(Date	of incorporation)		(Date of duration, if other t	than perpetual)	
6.						
1		n Street North Little Rock, AR 72114		reet address)		-
		(Current	mailing ad	dress, if different)		
		(Current	mailing ad	dress, if different)	20	
8.	Name and <u>stree</u>	(Current) et address of Florida registered agent	_		20 J	
8.	Name and <u>stree</u> Name:		_		20 Juil 2	
		et address of Florida registered agent	_		20 Juii 26 Pi	
	Name:	et address of Florida registered agent Registered Agents Inc.	_		20 JUH 26 PM 1	

9. Registered agent's acceptance: Having been named as registered as

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.

Bei	Have

(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.

A. DIRECTORS

□Chairman	Jan Bartlett Hicks Name:	□Chairman	Name:	Todd Dowty
□Vice Chairman	409 Main Street	□Vice Chairman	409 M Address:	fain Street
Director	North Little Rock, AR 72114	Director	North Little Ro	
President		□President		
□Vice President		■Vice President		
Secretary	Treasurer	Secretary		Treasurer
Other	Other	□Other	<u></u>	□Other
□Chairman	Jordan Bartlett Hicks	□Chairman	Name:	
□Vice Chairman	409 Main Street	□Vice Chairman	Address:	
Director	North Little Rock, AR 72114	Director		
□President		□President		
Vice President		□Vice President		·
Secretary	Treasurer	Secretary		□Treasurer
Other	Other	Other		⊡Other
				x 80
□Chairman	Name:	□Chairman	Name:	<u> </u>
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director	·	32 (7)
□President		□President		
□Vice President		□Vice President		S.
Secretary	⊡Treasurer	⊡Secretary		Treasurer
Other	Other	□Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your formation of State Annual Report form.

Timothy Todd Dowty -VP 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.	Timothy Todd Dowty – ∇P	Inolt

(Typed or	printed na	ame and	capacity	of person	signing	application)
						v



Arkansas Secretary of State **John Thurston**

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501-682-3409

Certificate of Good Standing I, John Thurston, 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

HDMS & STANDARD GIS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 29, 2007.

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 18th day of June 2020.

hon Thurston

Thurston tion Code: dbfa136dee00220 Authorization Code, ubia Sociessing OI State uthorization Code, visit sos.arkansas.gov