12122023573 From: Kimberly Laughrey

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION STEPHENS WEALTH PLANNING AND STRATEGY GROUP INC.

Certificate of Status	0
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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	Stephens Wealt	h Planning and Strategy Group Inc.			
••		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
	(If name unavaila	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting busin	ness in Florida)	
2.	(State or country		(FEI number, if applicable	c)	
4,	4. (Date of incorporation)		(Date of duration, if other than perpetual)		
7.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 111 Center Street, Little Rock, AR 72201 (Principal office address)				
		ng address, if different)	r~;		
8.	Name and stree	nt address of Florida registered agent: (P.C C T Corporation System	D. Box <u>NOT</u> acceptable)		
О	Name:	1200 South Pine Island Road		<u> </u>	
		Plantation, (City)	, Florida 33324 (Zip code)	2: 72	

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.

C:T Corporation System

By: Angel Shearer, Asst. 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 a	and/or directors:
A. DIRECTORS	

Chairman:	Kevin Scanlon	
	111 Center Street, Little Rock, AR 72201	
Address		
Vice Chair	man;	
Address: _		
_		
Director: _		
Address: _		
_		
Director:		
•		
B. OFFI		
_, _,	Kevin Scanlon	
	H1 Center Street, Little Rock, AR 72201	
Address:		
		122
Vice Presi	dent:	
Address:		
Secretary:	Patrick W. McAlpine	
Address:	111 Center Street, Little Rock, AR 72201	
Treasurer:	Michael Cronkhite	
Address:	111 Center Street, Little Rock, AR 72201	
	If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
12.	Pont w. m apre	
The offic are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.	facts stated herein of State constitutes
1	(Typed or printed name and capacity of person signing application)	

2020-11-13 15:41:56 CST



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

STEPHENS WEALTH PLANNING AND STRATEGY GROUP INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 30, 1983.

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 a City of Little Rock, this 13th day of November 2020.

Unline Certificate Authorization Code: 22a51e0e23e3e5e
To verify life Authorization Code, visit sos.arkansas.gov

In Thurston