# 1220000001999

(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



500383257965

03/11/22--01031--008 \*\*70.00

SECRETALL AMID: 29

### **COVER LETTER**

TO:	_	tration Section on of Corporations			
SHRE	ECT:	PCA Technology Solutions	, Inc.		
3003	ECT.	Name	e of corporation -	must include suffix	
Dear S	Sir or M	adam:			
"Certif	ficate of	"Application by Foreign C Existence," or "Certifica ced foreign corporation to	te of Good Standi	ng" and check are subi	
Please	return a	all correspondence concer	ning this matter to	the following:	
Jill Bea	ail				
			Name of Pe	rson	
PCA T	cchnolo	gy Solutions, Inc.			
			Firm/Compa	nny	
12824	Cantrell	Road, Ste. 200			
			Address	3	
Little I	Rock, Al	R 72223			
			City/State and	Zip code	
clouse	rt@pcati	echsolutions.com			
		E-mail addre	ess: (to be used for	future annual report n	otification)
For fu	rther in	formation concerning this	matter, please cal	1:	
Jill Beall at (		501 _ at (	208-4276		
	Nam	e of Person	Area Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please		_	DEPARTMENT Coing Fee &	OF STATE \$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.

Arkansas (State or countr		(3.1669640	business in Florida)		
(State or countr		3. 62-1668640			
(State or country under the law of which it is incorporated)		ited) (FEI number, if appl	(FEI number, if applicable)		
(Date of incorporation)		5. perpetual	5. (Date of duration, if other than perpetual)		
		(Date of duration, if other the	(Date of duration, if other than perpetual)		
N/A 					
	(Date first transacted but (SEE SECTIONS 607.1501 &	siness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability	·)		
3301 S. Andrews	Avenue, Unit #1, Fort Lauderdale, FL	33316			
	(Princ	ipal office street address)	_		
	(Curren	t mailing address, if different)			
	(Curren		2022		
Name and street	(Curren et address of Florida registered ager	t mailing address, if different)	2022 HA SEURE FALL AH		
Name and stree	et address of Florida registered ager Ted Clouser	t mailing address, if different)  at: (P.O. Box <u>NOT</u> acceptable)	2022 HAR I SEUREIAN FALL AHASS		
	et address of Florida registered ager	t mailing address, if different)  at: (P.O. Box <u>NOT</u> acceptable)	2022 HAR I I AH SEUNE I AN I SEUNE I AN I AHASSE E. FU		
Name:	et address of Florida registered ager Ted Clouser	t mailing address, if different)  at: (P.O. Box <u>NOT</u> acceptable)			

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.

(Registered agent's signature)

$\vec{A}$ . DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 34227 Lakeview West Drive	□ Vice Chairman	Address:	
□Director	Roland, AR 72135		Little Rock, AR 72205	
<b>■</b> President		□President		
□Vice President		■Vice President		
☐ Secretary	Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	Other	
□Chairman	Stephanie Clouser	□Chairman	Sean Tappe Name:	
	34227 Lakeview West Drive	□ Vice Chairman	2309 Redwood Drive	
□Director	Roland, AR 72135	□Director	Benton, AR 72015	
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary	Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President	· <del></del>	□Vice President		
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer	
Other	Other	Other	Other	
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Department	ment of State Annual Re	eport form.	
12	Signature of Director	r or Officer		
The officer or direction is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Department	ber 11 above) affirms thartment of State constitu	nat the facts stated herein are true and that he or tres a third degree felony as provided for in	

Ted Clouser



### **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

#### PCA TECHNOLOGY SOLUTIONS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 10, 1997.

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 25th day of February 2022.

ton bozzation Code: 183200e90bb07be norization Code, visit sos.arkansas.gov

hm Thurston