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#### **COVER LETTER**

	tistration Section ision of Corporations	
SUBJECT	Benchmark Group, Inc.	
		oration - must include suffix
Dear Sir or	Madam:	
"Certificate	d "Application by Foreign Corporation of Existence," or "Certificate of Goodenced foreign corporation to transact by	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please return	n all correspondence concerning this	matter to the following:
David P. K	imball	
	Nar	me of Person
Benchmar	k Group, Inc.	
	Firm	n/Company
1805 N 2n	d St.	
		Address
Rogers, A	R 72756-2423	
		itate and Zip code
brg@tean	nofchoice.com	
	E-mail address: (to be	used for future annual report notification)
For further i	nformation concerning this matter, pl	ease call:
Kelly Sturt	evant 470	9 、619-3881
Nar	ne of Person at (479)	a Code Daytime Telephone Number
		, , , , , , , , , , , , , , , , , , , ,
Regi Divi The 2415	SEET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee 6 N. Monroe Street, Suite 810 shassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	heck for the following amount: heck payable to: FLORIDA DEPARTN ling Fee \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

## 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.

Benchmark (	Group, Inc.		
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
BG-AE Florida	a, Inc.		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florid
Arkansas	3	71-0604417	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/08/1984	5.		
(Date	of incorporation)	(Date of duration, if other than perpe	tual)
N/A			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 32, F.S., to determine penalty liability)	
1805 N 2nd S	t., Rogers, AR 72756-2423		
	(Principal offic	e <u>street</u> address)	
same			
	(Current mailing	address, if different)	2071
Name and stree	t address of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	InCorp Services, Inc.		,
ice Address:	3458 Lakeshore Drive	<del></del>	( , ) ( )
ice Address.		<del></del>	ယ <del>ှ</del> သ
	Tallahassee	, Florida <u></u>	
	(City)	(Zip code)	

#### 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.

Joanna Fernandez on behalf of InCorp Services, Inc.

(Registered scent'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

<b>⊠</b> Chairman	Name: David P. Kimball	□Chairman	Name: Jason C. Adams
□ Vice Chairman	Address: 1805 N 2nd St.	□Vice Chairman	Address: 1805 N 2nd St.
□Director	Rogers, AR 72756-2423	□Director	Rogers, AR 72756-2423
⊠President		□President	
□ Vice President		⊠ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name: Matthew J. Nichols	□Сһаістал	Name:Jason M. Scates
□Vice Chairman	Address: 1805 N 2nd St.	□Vice Chairman	Address: 1805 N 2nd St.
□Director	Rogers, AR 72756-2423	☑Director	Rogers, AR 72756-2423
□President		□President	
☑ Vice President		□Vice President	
□ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	□Other
□ Chairman	Name:James A. Lastovica	□Chairman	Name: William R. Kraner
□Vice Chairman	Address:	□Vice Chairman	Address: 1805 N 2nd St.
Director	Rogers, AR 72756-2423	☑Director	Rogers, AR 72756-2423
□President		□President	
□Vice President	<u> </u>	□Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
12.	Use an attachment to report prore than six (6). The at added to the index when filing your Florida Departrees Signature of Director	nent of State Annual Rep	90rt form.

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.

David P. Kimball, President/Chairman of the Board

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Secretary Christine A. Bott 1805 N. 2<sup>nd</sup> St. Rogers, AR 727256-2423

Treasurer Shuree L. Pierce 1805 N. 2<sup>nd</sup> St. Rogers, AR 727256-2423



### **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

#### BENCHMARK GROUP, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office November 8, 1984.

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 6th day of March 2023.

John Thurston line Certificate Authorization Code: fd4929c4c5ff757 Secretary of State To verify the Authorization Code, visit sos,arkansas.gov