

# F99000005928

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: YOUNGBLOOD BROTHERS, INC., GENERAL CONTRACTORS  
(Name of corporation - must include suffix)

Dear Sir or Madam:

600003015746--9

-10/15/99-01041-001

\*\*\*\*\*87.50 \*\*\*\*\*87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

OTTO DAIVISON

(Name of Person)

YOUNGBLOOD BROTHERS, INC., GENERAL CONTRACTORS

(Firm/Company)

839 WESTER LANE

(Address)

ROGERS, AR 72756

(City/State/Zip)

FILED  
99 NOV 16 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

OTTO DAIVISON

(Name of Person)

at (501) 631-2400

(Area Code & Daytime Telephone)

F99-5928

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Name	Number
Availability	11-16
Document	
Signature	
Notary	
Update	
Verify	
Acknowledgment	
W. P. Verify	

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 20, 1999

OTTO DAVISON  
839 LESTER LANE  
ROGERS, AR 72756

SUBJECT: YOUNGBLOOD BROTHERS, INC.  
Ref. Number: W99000024194

99 NOV 16 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for YOUNGBLOOD BROTHERS, 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 registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 899A00050568



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 27, 1999

OTTO DAVISON  
839 LESTER LANE  
ROGERS, AR 72756

SUBJECT: YOUNGBLOOD BROTHERS, INC.  
Ref. Number: W99000024194

99 NOV 16 PM 12:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The registered agent must sign accepting the designation.

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If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 899A00051519

**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. YOUNGBLOOD BROTHERS, INC. GENERAL CONTRACTORS  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. ARKANSAS 3. 710820950  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/2/99 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification" (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 839 LESTER LANE, ROGERS, AR 72756  
(Principal office address)  
b. 839 LESTER LANE, ROGERS, AR 72756  
(Current mailing address)

8. GENERAL CONTRACTORS - BUILDING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: NATIONAL REGISTERED AGENTS, INC.

Office Address: 526 E. PARK AVE.

TALLAHASSEE, Florida 32301  
(Zip code)

10. 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.

[Signature] asst. Secretary.  
(Registered agent's signature)

11. 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.

99 NOV 16 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

B. OFFICERS

President: RONALD G. YOUNGBLOOD

Address: 839 LESTER LANE

ROGERS, AR 72756

Vice President: N/A

Address: \_\_\_\_\_

Secretary: ROBERT G. YOUNGBLOOD

Address: 839 LESTER LANE

ROGERS, AR 72756

Treasurer: ROBERT G. YOUNGBLOOD

Address: 839 LESTER LANE

ROGERS, AR 72756

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RONALD G. YOUNGBLOOD, SECRETARY/TREASURER

(Typed or printed name and capacity of person signing application)

FILED  
99 NOV 16 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Sharon Priest  
SECRETARY OF STATE

## State of Arkansas SECRETARY OF STATE



### CERTIFICATE OF GOOD STANDING OF A DOMESTIC CORPORATION

I, Sharon Priest, Secretary of 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:

**YOUNGBLOOD BROTHERS, INC., GENERAL CONTRACTORS**

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation March 2, 1999.

I further certify that as far as the records show, this corporation is at this time chartered and in good standing, having met all the requirements governing a domestic corporation 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, Arkansas this 27th day of July 1999.

A handwritten signature in cursive script, reading "Sharon Priest", is written over a horizontal line.

Sharon Priest, Secretary of State

by:

A handwritten signature in cursive script, reading "D E Morrow", is written over a horizontal line.  
D E Morrow

C-2/Rev 10-1-88