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TRANSMITTAI	LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Dunnellon Sonic, LLC	
(Name of Limited Lia)	bility Company)
The enclosed "Application by Foreign Limited Liability Countries of Existence, and check are submitted liability company to transact business in Florida	
Please return all correspondence concerning this matter to	the following:
Jay Bequette	
(Name of Pe	erson)
Bequette & Billingsley, P.A.	
(Firm/Com	pany) EE 4
425 West Capitol Avenue, Suite 3200	JUN 2: AHAS
(Addres	s)
Little Rock, AR 72201-3469	7. Cd)
(City/State and 2	Zip Code)
For further information concerning this matter, please call:	
•	
Jay Bequette or Margo Sadlerat (5	501) 374-1107
	rea Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Eliciosco is a check for the following amount.	

Z \$125.00 Filing Fee

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Dunnellon Sonic,	(Name of Foreign Limited Liability Company)	<u></u>	
	(Name of Poleign Emilied Liability Company)		
Arkansas	3. 20-1255760		
(Jurisdiction under company is organiz	the law of which foreign limited liability (FEI number, if applicable) sed)		
June 15, 2004	5. January 31, 2054	 -	
(Dat	te of Organization) (Duration: Year limited liability company will ce exist or "perpetual")	4 **** _	
anticipated date	is July 23, 2004		2
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		<u>=</u>
11351 N. William	is St.		S Л
Dunnellon, FL 34	1431	To:	Š
<u> </u>	(Street Address of Principal Office)	<u> </u>	ټ
		35	ö
If limited liabil	ity company is a manager-managed company, check here 🗹	SRIP RELIGIO	
The name and	usual business addresses of the managing members or managers are as follows:		
Dennis Porter			
263 Lakeview F	Road	··.	
Edgemont, AR	72044		
e jurisdiction under f nslation of the certif . Nature of bus	inal certificate of existence, no more than 90 days old, duly authenticated by the official having custon the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languicate under oath of the translator must be submitted.) iness or purposes to be conducted or promoted in Florida: to own and operate to engage in any other activities reasonably related to that purpose.	-	rds
	1/2 1/Had-;		
	Signature of a member or an authorized representative of a member.		
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Dennis Porter		
	Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability Co	mpany is:	
Dunnellon Sc	onic, LLC		
2. The name	e and the Florida street addre	ess of the registered agent and office a	re:
	Chad Jarvis		
		(Name)	
	6025 SW 250 Street		TA
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	Dry J
	Newberry	FL 32669	JUN 25
		City/State/Zip	
liability com agent and ag relating to th	pany at the place designated i gree to act in this capacity. I j se proper and complete perfor	nd to accept service of process for the a in this certificate, I hereby accept the a further agree to comply with the provisi rmance of my duties, and I am familiar gent as provided for in Chapter 608, Fla	opointment as registered ions of all statutes with and accept the

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)



Arkansas Secretary of State Charlie Daniels

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501.682.3409

CERTIFICATE OF GOOD STANDING

I, Charlie Daniels, 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

DUNNELLON SONIC, LLC

authorized to transact business in the State of Arkansas as a Limited Liability comparing filed Articles of Organization in this office June 15, 2004.

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 24th day of June 2004.

Charlie Daniels Secretary of State

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