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SECRETARY OF STATE TALLAHASSEE, FLORING

W1/15/04



TRANSMITTAL LETTER

Proceedings Registration Section Division of Corporations		
SUBJECT: Alachua Sonic, LLC		
(Name o	of Limited Liability Company)	
	ted Liability Company for Authorization to Tra care submitted to register the above referenced orida	
Please return all correspondence concerning	this matter to the following:	
Jay Bequette		
	(Name of Person)	
Bequette & Billingsley, P.A.		=
(Firm/Company)		SECE
425 West Capitol Avenue, Suite 32	200	37 -9 ETARY
	(Address)	E TE
Little Rock, AR 72201-3469		8 29 TATE ORIDA
(0	City/State and Zip Code)	≥ ⊘
For further information concerning this matt	ter, please call:	
Jay Bequette or Margo Sadler	at (501) 374-1107	
(Name of Person)	(Area Code & Daytime Telephone)	Number)
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
409 E. Gaines Street	Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amoun	nt:	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Certif		g Fee, Certificate atus & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Alachua Sonic, LLC			
	(Name of Foreign Limited Lia	bility Company)	
2. Arkansas (Jurisdiction under the law of whi company is organized)	3. ch foreign limited liability	(FEI number, if applicable)	
4. October 27, 2004 (Date of Organizat	5.	2054 (Duration: Year limited liability company will exist or "perpetual")	cease to
6. anticipated date: December 1			
(Date fi (See secti	rst transacted business in Flori ons 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	
7. 15350 NW 144 Way			TAT S
Alachua, Florida 32615			CORE LAND
	(Street Address of	Principal Office)	SS
8. If limited liability company	is a manager-managed co	ompany, check here 🔽	Y OF S
9. The name and usual busine	ss addresses of the manag	ging members or managers are as follows	STAT
Dennis Porter			DA C
263 Lakeview Road			
Edgemont, AR 72044			
the jurisdiction under the law of which translation of the certificate under cath 11. Nature of business or purp	it is organized. (A photocopy is of the translator must be submit oses to be conducted or p	promoted in Florida: to own and operate	tody of recor guage, a
restaurants and to engage in a	ny ornenactivities reasonat	bly related to that purpose.	·
	1 That		
(In accorda	nce with section 608.408(3), F.S.	orized representative of a member, , the execution of this document constitutes y that the facts stated herein are true.)	
Dennis F	- · · · · · · · · · · · · · · · · · · ·		
	Typed or printed n	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 nam	e of the Limited Liability	Company is:		
Alachua Son	ic, LLC			_
2. The nam	e and the Florida street ac	ddress of the registered agent and office are:		
	Chad Jarvis			
		(Name)		
	6025 SW 250th Street	t	 ₹	r.7
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	LL A	223
	Newberry	Fi 32669	HAS	نِيَ
		City/State/Zip	SEE.	လ်
Havina hees	n named as registered ager	nt and to accept service of process for the above state	ed limited	€3 ©
liability com	ipany at the place designai	ted in this certificate, I hereby accept the appointmen	nt as 🗟 giste	ered
relating to the	he proper and complete pe	. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and a d agent as provided for in Chapter 608, Florida Stat	accept the	
Cha	d Janus (Signature)			

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

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, the records of domestic and foreign corporations, do hereby certify that the records of this office show

ALACHUA SONIC, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 27, 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 27th day of October 2004.

City of Little Rock, this 27th day of October 2004

Charlie Daniels
Secretary of State

By: S. VAN CAMP