# M05000002897

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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#### , TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CRITZ-McLEOD REAL ESTATE CO					
(Name of	Limited Liability Company)				
	d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited da				
Please return all correspondence concerning the	his matter to the following:				
G. SCOTT	McLEOD				
	(Name of Person)				
ODITZ M. J. FOD DEAL S	(Address)				
CRITZ-MCLEOD REAL E	ESTATE COMPANY, LLC				
(Firm/Company)					
Metropolitan Bank Tower	, Suite 200				
425 West Capitol Ave.	The second secon				
<del></del>	(Address)				
	05				
Little Book Advance 7	マー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・				
Little Rock, Arkansas 7	<del></del>				
(Cit	ty/State and Zip Code)				
For further information concerning this matter	; please call:				
JAMES E. HARRIS	at ( 501 ) 370-1527				
(Name of Person)	(Area Code & Daytime Telephone Number)				
CORROT A DEDUCC	MAILING ADDDESS				
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 amount:					
\$125.00 Filing Fee \$130.00 Filing Fe	te & \$\sum \$\\$155.00\$ Filing Fee & \$\sum \$\\$160.00\$ Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy				

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

IN COMPILANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CRITZ-McLEC	OD REAL ESTATE COM (Name of Foreign L	PANY,	LLC	_
	(Name of Foreign L	imited Lia	bility Company)	<del></del>
2. ARKANSAS		3.	20-2714714	<del></del>
(Jurisdiction under the company is organized	e law of which foreign limited lia l)	ability	(FEI number, if applicable)	
4. APRIL 21, 20	05	5.	PERPETUAL	
(Date o	of Organization)		(Duration: Year limited liability company vexist or "perpetual")	vill cease to
			• • •	No.
6	(Date first transacted busine (See sections 608.501 & 608.5	ss in Flori 502 F.S. to	da, if prior to registration.) determine penalty liability)	123 23
7. 1200 South	Pine Island Road			
Plantation, F	Florida 33324	Adress of	Principal Office)	
	(Silect F	ruuress or	Finicipal Office)	50
8. If limited liability	company is a manager-ma	naged co	ompany, check here	_
9. The name and use	ual business addresses of th	e manag	ing members or managers are as follo	ws:
G. Scott McLe	od, Managing Member		Jay Critz, Managing Membe	er
	Bank Tower, Suite 200		Metropolitan Bank Tower,	
425 W. Capito	ol Ave		425 W. Capitol Ave	
Little Rock, Ar	rkansas 72201		Little Rock, Arkansas 7220	1
the jurisdiction under the translation of the certification	law of which it is organized. (A plate under oath of the translator must	hotocopy i be submit	•	language, a
11. Nature of busine	ess or purposes to be condu-	cted or p	romoted in Florida:	
Real Estate	-	1 N	101 0	·
			Fred	
	Signature of a member or	an auth	orized representative of a member.	
	an affirmation under the penaltie	s of perjury	the execution of this document constitutes that the facts stated herein are true.)	
	G. SCOTT McLEOD			
	Typed or p	orinted n	ame of signee	

FL057 - 08/03/04 C T System Online

#### 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.

-McLeod Real Esta rida street address of			
rida street address of	the registered as	4 <b>d</b> - <b>C</b> C	
		gent and office are:	ALLAS
CTC	orporation System		25.50 Z
	(Name)		
1200 So	uth Pine Island Roa	d	SEE, FLORI
Florida Street Addres	s (P.O. Box NOT	ACCEPTABLE)	-
Plantation	F <u>L</u>	33324	_
	City/State/Zip		
ace designated in this this capacity. I further complete performance as registered agent as coration System	certificate, I her r agree to comply e of my duties, a s provided for in	eby accept the appoin y with the provisions o nd I am familiar with c	tment as registered of all statutes and accept the
1 1 7 7	Plantation  Plantation  rgistered agent and to a lace designated in this this capacity. I further as registered agent as registered agent as poration System	(Name)  1200 South Pine Island Roa Florida Street Address (P.O. Box NOT)  Plantation  FL  City/State/Zip  egistered agent and to accept service of lace designated in this certificate, I her this capacity. I further agree to comply a complete performance of my duties, and as registered agent as provided for in poration System	(Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation FL 33324  City/State/Zip  registered agent and to accept service of process for the above lace designated in this certificate, I hereby accept the appoint this capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with a series tered agent as provided for in Chapter 608, Florida poration System  Contained System

\$ 100.00 Filing Fee for Application

\$ 30.00

\$ 25.00 Designation of Registered Agent

**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 EXISTENCE

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

## CRITZ-MCLEOD REAL ESTATE COMPANY, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed a Articles of Organization in this office April 21, 2005.

Our records reflect said entity has paid all fees, taxes and penalties owed to this State, as required to be collected by this office, and has delivered its most current annual franchise tax report to this office.

I certify this entity has not filed articles of dissolution with this office.

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 May 2005.

Charlie Daniels
Secretary of State

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