

m080000001403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800119335148

03/05/08--01030--025 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 12:58

B. Tadlock MAR 24 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McMinn, Roberts, Duncan
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Mike Roberts
(Name of Person)

Roberts Law Firm
(Firm/Company)

20 Rahling Circle
(Address)

Little Rock, Ar. 72223
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan McMinn at (407) 694 8199
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

ROBERTS LAW FIRM, P.A.

ATTORNEYS AT LAW
20 Rahling Circle
Mailing Address: P.O. Box 241790
LITTLE ROCK, ARKANSAS 72223-1790
Phone: (501) 821-5575
Fax: (501) 821-4474

MIKE ROBERTS †
J. MATTHEW MAULDIN

† LICENSED IN ARKANSAS, TENNESSEE & TEXAS
* LICENSED BEFORE THE U.S. PATENT AND TRADEMARK OFFICE

STEPHANIE EGNER *
SUSAN M. FOWLER
ANDREW M. IVEY
EMILY A. NEAL
RICHARD QUINTUS
JEREMY SWEARINGEN

FAX COVER SHEET

The information contained in this message is privileged and confidential. It is intended for the use and benefit of the addressee. Please notify us, by telephone, immediately if you have received this communication in error. Thank you.

DATE: March 19, 2008

FROM: Mike Roberts
Attorney at Law
20 Rahling Circle
P.O. Box 241790
Little Rock, AR 72223

PHONE Number: (501) 821-5575

FAX Number: (501) 821-4474

TO: Brenda
FAX NUMBER: (850)245-6030

NUMBER OF PAGES, INCLUDING THIS ONE: 2

MESSAGE: RE: PLLC Certificate

ROBERTS LAW FIRM, P.A.

ATTORNEYS AT LAW
20 Rahling Circle
Mailing Address: P.O. Box 241790
LITTLE ROCK, ARKANSAS 72223-1790
Phone: (501) 821-5575
Fax: (501) 821-4474

MIKE ROBERTS †
J. MATTHEW MATILDIN

† LICENSED IN ARKANSAS, TENNESSEE & TEXAS
* LICENSED BEFORE THE U.S. PATENT AND TRADEMARK OFFICE

STEPHANIE EGNER *
SUSAN M. FOWLER
ANDREW M. IVEY
EMILY A. NEAL
RICHARD QUINTUS
JEREMY SWEARINGEN

FAX COVER SHEET

The information contained in this message is privileged and confidential. It is intended for the use and benefit of the addressee. Please notify us, by telephone, immediately if you have received this communication in error. Thank you.

DATE: March 21, 2008

FROM: Michelle Garner
Office Manager
20 Rahling Circle
P.O. Box 241790
Little Rock, AR 72223

PHONE Number: (501) 821-5575

FAX Number: (501) 821-4474

TO: Brenda
FAX NUMBER: (850)245-6030

NUMBER OF PAGES, INCLUDING THIS ONE: 2

MESSAGE: RE: Certificate of Good Standing

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

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

1. McMinn, Duncan, & Roberts, PLLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. State of Arkansas 3. 26-1978722
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2115/2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 222 West Comstock Ave., Suite 210
Winter Park, FL 32789
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Bryan K. McMinn, 222 W. Comstock, Suite 210, W.P., FL 32789
Mike Roberts, 20 Rahling Circle, L.R., AR. 72223
Phillip Duncan, 900 S. Shackelford Road, Suite 725,
L.R., AR. 72211

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: For profit law
practice

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.)

BRYAN K. McMINN
Typed or printed name of signee

08 MAR 21 PM 12:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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 of the Limited Liability Company is:

McMinn, Duncan, & Roberts, PLLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Bryan K. McMinn
(Name)

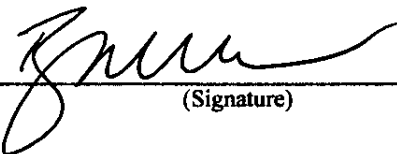
222 W. Comstock Suite 210
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Winter Park FL 32789
City/State/Zip

08 MAR 21 PM 12:58

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

\$ 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

MCMINN, DUNCAN, & ROBERTS, PLLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office February 19, 2008.

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 21st day of March 2008.



Charlie Daniels
Secretary of State

Online Certificate Authorization Code: 031834e4a9dd9b1

To verify the Authorization Code, visit sos.arkansas.gov