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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 20 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.W. Bravis Agency, LLC
(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:

Beth Owen, Legal Assistant
(Name of Person)

The Watkins Law Office, PLLC
(Firm/Company)

1106 West Poplar Street
(Address)

Rogers, AR 72756
(City/State and Zip Code)

For further information concerning this matter, please call:

Beth Owen, Legal Assistant at (479) 636-2168
(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

**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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **A.W. Bravis Agency, LLC**

(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. **Arkansas**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **26-2136948**

(FEI number, if applicable)

4. **May 29, 2007**

(Date of Organization)

5. **May 29, 2057**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **To date, no business has been transacted in Florida.**

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

7. **A.W. Bravis Agency, LLC**

3350 Pinnacle Hills Parkway, Ste. 202, Rogers, AR 72756

(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:

Donald G. Moore, Member/Manager - address same as above

Terri L. Bertschy, Manager - address same as above

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: A.W. Bravis Agency, LLC, contracted with 2 vendors

In Florida for products & services, and had to apply for a sales tax permit # to receive a resale certificate, so sales tax will not be charged to A.W. Bravis.


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.)

Donald G. Moore

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

A.W. Bravis Agency, LLC

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:

InCorp Services, Inc.

(Name)


17888 67th Court North

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Loxahatchee, FL 33470

City/State/Zip

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)
InCorp Services, Inc.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**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

A.W. BRAVIS AGENCY, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 29, 2007.

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 6th day of May 2008.



Charlie Daniels
Secretary of State

Online Certificate Authorization Code: 0d1f216322f6ace

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