M1400001443

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2014

KIM FARMER 1913 MALVERN AVE HOT SPRINGS, AR 71901

SUBJECT: WINDOW MART MANUFACTURING, LLC

Ref. Number: W14000008243

We have received your document for WINDOW MART MANUFACTURING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 914A00002835

COVER LETTER

| Division of Corporations | | |
|--|---|---|
| | anufacturing, LLC | |
| 1 | Name of Limited Liability Company | |
| The enclosed "Application by Foreign Limited I Existence, and check are submitted to register the | Liability Company for Authorization to Transact Business in a above referenced foreign limited liability company to trans | Florida," Certificate of sact business in Florida |
| Please return all correspondence concerning this | s matter to the following: | |
| Kim Farmer | | |
| | Name of Person | |
| Duncan, Mess | sersmith & Assoc | |
| | Firm/Company | |
| 1913 Malvern | Ave. | |
| | Address | |
| Hot Springs, A | AR 71901 | |
| | City/State and Zip Code | 20 |
| kim@hscpas.d | | |
| E-mail add | ress: (to be used for future annual report notification) | To the same |
| For further information concerning this matter, p | please call: | |
| Kim Farmer | 501 624-7400 | <u> </u> |
| Name of Contact Perso | on Area Code Daytime Telephone Nu | umber (7) |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | · · |

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

Enclosed is a check for the following amount:

\$\Boxed{125.00}\$ \$125.00 Filing Fee & Certificate of Status

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| · | nclude "Limited Liability Company," "L.L.C.," o | |
|---|---|---|
| name unavailable, enter alternate name adopted for the purpose of ability Company," "L.L.C," or "LLC.") | of transacting business in Florida. The alternate n | name must include "Limited |
| Arkansas | _{3.} 30-0706146 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | |
| 1/2/2014 | | |
| (Date first transacted business (See sections 605.0904 & 605.09 | s in Florida, if prior to registration.) 905, F.S. to determine penalty liability) | |
| 5760 Albert Pike Road | | 2014 |
| Royal, AR 71968 | | 1 |
| (Street Add | lress of Principal Office) | - - |
| 5760 Albert Pike Road | · | <u> </u> |
| Royal, AR 71968 | | 3: 25 |
| | | 1 601 |
| | lailing Address) person(s) who has/have authority to n | nanage is/are: |
| The name, title or capacity and address of the propert Tankersley P.O. Box 3895 | person(s) who has/have authority to n | _ |
| . The name, title or capacity and address of the p | person(s) who has/have authority to no be sold springs, AR 71914 no more than 90 days old, duly auther the law of which it is organized. (A | MANALABL nticated by the official photocopy is not |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Co | ompany is: | |
|----------------|--|---|-------------------|
| WINDOW | MART MANUFACTURI | NG, LLC | |
| If unavailable | , the alternate to be used in | n the state of Florida is: | |
| 2. The name | and the Florida street addr | ess of the registered agent and office are: | 2014 KAR SECTO |
| | C 1 Corporation System | (Name) | |
| | 1200 South Pine Island Roa | , , | 3 P. T. |
| • | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| | Plantation | FI 33324 | <u> </u> |
| | | 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 605, Florida Statutes.

C T Corporation System

(Signature)

Katherine Lackey, Asst. Secretary

\$ 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 Mark Martin

State Capitol Building ◆ Little Rock, Arkansas 72201-1094 ◆ 501-682-3409

Certificate of Good Standing

I, Mark Martin, 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

WINDOW MART MANUFACTURING, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 18, 2011.

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 26th day of February 2014.

Mark Martin

Secretary of State Authorization Code: d0237b574d23e10

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