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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. Bridgers FEB 19 7775

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: HARLY	ENTERPRI	583 L.L.C	
	Name of Limite	d Liability Company	
			insact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence conce	erning this matter to the	following:	
BL	IAN PENG	•	
	₩.	ame of Person	
HALLY	ENTSA PAIS	es UC	
	Fi	rm/Company	
809	USST 31	o Strsst	
··		Address	
L:Hk	lock , AM	iate and Zip Code	
	City/S	tate and Zip Code	
bfsig	ProLAT	iate and Zip Code Otitk. can I for future annual report notific	ation)
For further information concerning this	mattar planca call	•	
<u></u>	·		
BUAN 1811 Name of Co	4	at (50/)	344-3496
Name of Co	tact Person	Area Code Day	ytime Telephone Number
MAILING ADDRESS:		T ADDRESS:	
Division of Corporations		n of Corporations	
Registration Section P.O. Box 6327		ation Section Building	
Tallahassee, FL 32314		cecutive Center Circle	
		ssee, FL 32301	
Enclosed is a check for the follo	wing 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 TRANSACT BUSINESS IN FLORIDA

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	C.," or "LLC.")		_
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The altern	nate name must incl	ude "Lis	 mited
oility Company," "L.L.C," or "LLC.")		uuc Lii	iiiica
ARKAS 505 Unisdiction under the law of which foreign limited liability 3. 7/-0793396 (FEI number, if a second content of the law of which foreign limited liability)	9		
HALLAS 5035 Authoristiction under the law of which foreign limited liability company is organized) 3. // 0 / 7 3 3 / 0 (FEI number, if a	applicable)		_
company is organized,			
(Date first transacted business in Florida if prior to registration)			_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
809 NEST 300 STREET			
1 11 0			
Little Rock, Ad. 7220/ (Street Address of Principal Office)			_
A			
809 West 310 STreet			_
Little Rock Al. 72201			
(Mailing Address)		•	-
	7.00		
The name, title or capacity and address of the person(s) who has/have authority	to manage is/a	re: 55	
SUSAN LONG. POSSIDENT			
BRIAN PSON G.UP			Territor del
BRIAN PSKY. Z.V.T	<u>%~</u>	~	_
		3	4 1 5
	T C	<u> ب</u>	- January
Attached is an original certificate of existence, no more than 90 days old, duly au	thenticaféd by	 1890 of	ficial
ing custody of records in the jurisdiction under the law of which it is organized.	***		liviai
eptable. If the certificate is in a foreign language, a translation of the certificate u			slator
st be submitted)			
Bo			
			
Signature of an authorized person			ein are (r
cordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of			

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 Company is: HARLY ENTINGUISES L. C.		_
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		_
Quinton HARRIS		
(Name) 3647 Highland Glan Way W- Florida Street Address (P.O. Box NOT ACCEPTABLE)		*n nn
JACKSON UILLE FL 32224 City/State/Zip	2000 H	
Having been named as registered agent and to accept service of process for the above statiliability company at the place designated in this certificate, I hereby accept the appointment	nt as	Þ
registered agent and agree to act in this capacity. I further agree to comply with the provisatutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, I Statutes.	vith and	II
(Signature)		

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00

Designation of Registered Agent

CERTIFICATE OF GOOD STANDING

I, Mark Martin, Arkansas 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

HARLY ENTERPRISES, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 9, 1996.

Our records reflect that said entity, having complied with all statutory requirements in the State Arkansas, is qualified to transact business in this State.

In T and a of Lit

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 2nd day of February, 2015.

Mark Martin

Arkansas Secretary of State

Monica Humphrey

SCRETA