	From: To: 8506176383(1/4) Florida De Partmin it of State D liston of Constrains D liston of Constrains	
Note: Please	print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
	(((H16000053504 3)))	
Note: DO NO	T hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
To: From:	Division of Corporations Fax Number : (850) 617-6383 Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850) 878-5368	SECRETARY
	he email address for this business entity to be used for future and address please.**	
	Foreign Limited Liability Company STEIN & ASSOCIATES, LLC	
	Certificate of Status0Certified Copy0Page Count04Estimated Charge\$125.00	
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3/1/2016 3:09:17 PM From: To: 8506176383(2/4)

COVER LETTER

TO: Registration Section Division of Corporatious

Stein & Associates, LLC

SUBJECT:

.....,

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 fiability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person	
Stein & Associates, LLC		- 3
	Firm/Company	
8520 S. 36th Terrace		TAL AND
	Address	ي مند. بر مدين
Fort Smith, AR 72908		AM 10:
	City/State and Zip Code	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

🖬 \$125.00 Filing Fee	🗖 \$130.00 Filing Fee &	🗖 \$155.00 Filing Fee &	🗇 \$160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Certified Copy

3/1/2016 3:09:17 PM From: To: 8506176383(3/4)

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

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

1. Stein & Associates, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")

2. MS	3. 64	-0913971	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, it applicable)	
4			
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	la, if prior to registration.) to determine penalty liability)	
5. 8520 S. 36th Terrace,	Fort Smith, AR 72908		
a dia mandri dia mandri dia dia mandri dia dia mandri dia dia mandri dia dia dia dia dia dia dia dia dia di	(Street Address of Principal O	(flice)	16 E
6. 8520 S. 36th Terrace, I	fort Smith, AR 72908		
** * ** ** ** ** *** *** ****** *******	(Mailing Address)		
7. Name and street addres	ss of Florida registered agent: (P.O. Box)	lQT_acceptable)	
Name:	NRAI Services, Inc.		0
Office Address:	1200 South Pine Island Road		S Quin
	Plantation		
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the appointment as r	cess for the above stated limited liability come egistered agent and agree to act in this capac d complete performance of my duties, and 1 https://www.lay.Schroeder, Asst. Secretary s signature)	ity. I further agree
	neity and address of the person(s) who has/b	nave authority to manage is/are;	
8. The nume, title or cap:			
•	520 S. 36th Terrace, Fort Smith, AR 72908		
James Stein, Meinber - 85	520 S. 36th Terrace, Fort Smith, AR 72908 D S. 36th Terrace, Fort Smith, AR 72908		
James Stein, Meinber - 85			

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

the

CPA/CFO

John Davis, CFO

Typed or printed name of signee

3/1/2016 3:09:17 PM From: To: 8506176383(4/4)

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DELBERT HOSEMANN Secretary of State				
Office of the Secretary of State Jackson, Mississippi Certificate of Good Standing				
Certificate of Good Standing				
I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:				
STEIN & ASSOCIATES, LLC				
Registered the 27th day of September, 1999				
A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.				
That the registered office of said Limited Liability Company is located at:				
5703 Gulf Tech Drive Ocean Springs, MS 39564				
And that the registered agent at that address is:				
Stein, Paul				
I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.				
Given under my hand and seal of office the 1st day of March, 2016				
C. Dellert Hosemann, 1. G. Delbert Hosemann, Jr. Secretary of State				
Certificate Number: CN16020619				
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx				

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