MIL00000 3519		
(Requestor's Name) (Address) (Address)	500285292415	
(City/State/Zip/Phone #)	05/02/1601010018 **125.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 16 MAY - 2 PH 2: 55 33 THE FILL PH 2: 55 SUFFICIENCY OF FILLING	
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() Nonprofit		
() Foreign	() Amendment	() Merger
() Limited Partnership	() Dissolution/Withdrawal	() Mark
(X) LLC	() Reinstatement	
QUALIFICATION	() Annual Report	() Other
	() Name Registration	
() Certified Copy	() Fictitious Name	() UCC
() Call When Ready		() CUS
(x) Walk In	() Photocopies	
() Mail Out		() After 4:30
	() Call If Problem	(x) Pick Up
Name	() Will Wait	
Availability		
Document	5/2/2016	Order#:
Examiner		9986485
Updater	КМ	
Verifier		Ref#:
W.P. Verifier		
	<u> </u>	Amount: \$
		Amount: \$



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 TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. ____

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

2. <u>ARKANSAS</u> 3	me must include "L	imited
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 6. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 (Mailling Address) (Mailling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NIR AI Services Inc.		
 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 6. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 6. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) NP & I Services Inc.)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 (Street Address of Principal Office) 6. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 (Mailing Address) 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) NP & I Services Inc.		
 (Street Address of Principal Office) 6. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 (Mailing Address) 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) NP & I Services Inc.	-	
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 6. 200 River Market Avenue, Suite 501, Little Rock, Arkansas 72201 (Mailing Address) 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) NB & I Services Inc. 	i	
(Mailing Address) 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) NB & I Services Inc.	- <u>Mica</u> Cr	2
7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		
7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	13 J	دیسہ چو
ND AT Services Inc		ساس ان
NRAI Services. Inc.		الم المراجع . الم المراجع الم
Name:	TUN 4	1.J
Office Address: 1200 South Pine Island Road		
Plantation S3324		
(City) (Zip code)	-	

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position is registered agent.

Angel Shearer By: Assistant Secretary (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

James A. Moses, Manager, 200 River Market Ave, Suite 501, Little Rock, Arkansas 72201

Everett Tucker, III, Manager, 200 River Market Ave, Suite 501, Little Rock, Arkansas 72201

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 1 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.

PRICE C. GARDNER

Typed or printed name of signee



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

RIVER MARKET SOUTH, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 23, 2005.

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 2nd day of May 2016.

Mark Martin

Mark Martin Secretary of State Online Certificate Authorization Code: 37e142b69e32fbc To verify the Authorization Code, visit sos.arkansas.gov