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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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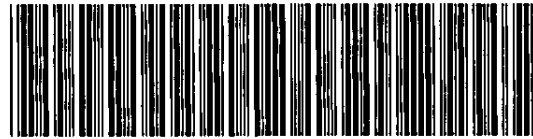
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 27 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Frost, PLLC
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:

Donna Stevens
Name of Person

Frost, PLLC
Firm/Company

425 West Capitol, Suite 3300
Address

Little Rock AR 72201
City/State and Zip Code

dstevens@frostpllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Stevens at (501) 975 0207
Name of Contact Person Area Code Daytime Telephone Number

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

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 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:

1. Frost, PLLC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Frost Florida, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Arkansas 3. 71-0817652
(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. 425 West Capital Suite 3300
Little Rock AR 72201
(Street Address of Principal Office)
6. SAME
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Doug Richardson

Office Address:

505 West Hickpochee Ave. Suite 200

LaBelle

(City)

, Florida

33935

(Zip code)

Registered agent's acceptance:

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 as registered agent.

Doug Richardson
(Registered agent's signature)

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

SEE ATTACHED

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)

Doug Richardson
Signature of an authorized person

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.

Doug Richardson
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

Doug Richardson
Bob Childress
Robert Gunther
Craig Thomson

Executive Committee Chairman
Member
Member
Member

505 W. Hickpochee Ave, Suite 200
425 West Capitol, Suite 3300
425 West Capitol, Suite 3300
15255 N. 40th St. Suite 149

LaBelle, FL 33935
Little Rock, AR 72201
Little Rock, AR 72201
Phoenix, AZ 85032

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 OCT 24 AM 11:21

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**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

FROST, PLLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 1, 2008.

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 October 2016.

Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code: 1597c1957e0328e

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