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| (Requestor's Name) | | | | | | | |
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| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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COVER LETTER

TO: Registration Section

| Div | ision of Corporation | ns | | | | | |
|-------------------------------|--|---|---|---|--|------------------------------------|--|
| SUBJECT: | SUNSET MANOR, | LLC | | | | | |
| | | Name of Limited Liability Company | | | | | |
| The enclosed Existence, an | d "Application by For nd check are submitte | eign Limited Liability Comp d to register the above refere | oany for Authoriza enced foreign limit | tion to Tra ted liability | nsact Business in Florida," company to transact busin | Certificate of less in Florida. | |
| Please return | all correspondence of | concerning this matter to the | following: | | | | |
| | MATTHEW W | HITE/ | | | | | |
| | | Name of Person | | | | | |
| | Firm/Company | | | | | | |
| | 5208 MCHENRY CREEK CIR | | | | | | |
| Address | | | | | | | |
| | LITTLE ROCK, AR 72210 | | | | | | |
| | City/State and Zip Code | | | | | | |
| • | ttennison@sbcgl | obal.net | | | | | |
| | | E-mail address: (to be used | for future annual | report not | ification) | | |
| For further is | nformation concernin | g this matter, please call: | | | | | |
| то | NYA TENNISON | | 501 at (| 847-24 | 75 | | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | | |
| Div Reg P.C | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301 | | |
| | a check for the follow \$125.00 Filing Fee | ring amount: \$\textsquare \text{\$\text{\$130.00 Filing Fee & }}\$ Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Co of Status & Certified Cop | | |

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

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: SUNSET MANOR, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") **ARKANSAS** (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 02/22/2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) **5208 MCHENRY CIR** LITTLE ROCK, AR 72210 (Street Address of Principal Office) 6. SAME (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I affifamiliar with and accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MATTHEW WHITE, LLC MEMBER 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. 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.

Matthew White
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

SUNSET MANOR, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 11, 2016.

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 27th day of February 2017.

Mark Martin

Mark Martin

Secretary of State Online Certificate Authorization Code: 00af1c7079fdad3

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