# MIDOCOGATU

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (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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Leah Rovnaghi | Paralegal Direct: (501) 370-1594

Fax: (501) 244-5304 Little Rock, Arkansas www.FridayFirm.com

400 West Capitol Avenue Suite 2000 Little Rock, Arkansas 72201-3522 www.FridayFirm.com

July 19, 2017

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: NSF, LLC, Application for Foreign Registration in Florida

Requested Name: NSF Florida Holdings, LLC

Dear Sir or Madam:

Please find enclosed the Certificate of Existence for filing in the records of the Florida Secretary of State. I have previously mailed the application of the above referenced LLC. The enclosed Certificate of Existence is to be attached with the application.

Sincerely.

If you have any questions, please do not hesitate to contact me. Thank you for your time.

Leah Rovnaghi Paralegal



#### **COVER LETTER**

| TO:                                       | Registration Section Division of Corpora        |   |  |   |  |              |
|---|---|---|--|---|--|--------------|
| SUBJE                                     | NSF, LLC  |   |  |   |  |              |
| 30000                                     |   | Name  | of Limited Liability                       | y Company                                     |  |              |
| The end<br>Existen                        | closed "Application by loce, and check are subm | Foreign Limited Liability C<br>itted to register the above re | ompany for Authori<br>ferenced foreign lin | zation to Transact Busin                      | ness in Florida," Co<br>to transact business | ertificate ( |
| Please r                                  | return all correspondenc                        | e concerning this matter to                                   | the following:                             |   |  |              |
|   | Joseph G. N.                                    | ichols  |  |   |  |              |
|   |   |   | Name of Person                             |   |  |              |
|   | Friday Eldre                                    | dge & Clark, LLP  |  |   |  |              |
|   | <del></del>                                     |   | Firm/Company                               | · · · · · · · · · · · · · · · · · · ·         |  |              |
|   | 400 West Ca                                     | pitol Ave., Suite 2000  |  |   |  |              |
|   |   |   | Address                                    |   |  |              |
|   | Little Rock,                                    | AR 72201  |  |   |  |              |
|   | <del></del>                                     | City  | //State and Zip Cod                        | E   | <del> </del>                                 |              |
|   | jnichols@frida                                  |   |  |   |  |              |
|   |   | E-mail address: (to be u                                      | sed for future annua                       | l report notification)                        |  |              |
| For furth                                 | er information concerni                         | ing this matter, please call:                                 |  |   |  | 17           |
| _   | Leah Rovnaghi                                   |   | 50 i                                       | 370-1594<br>)                                 |  | <b>⊆</b>     |
|   | Name  | of Contact Person   | Area Code                                  | Daytime Telepho                               | one Number -                                 | UL 24        |
| MAILING ADDRESS: Division of Corporations |   |   | STREET ADDRESS Division of Corporation     |   | E P  |              |
| Registration Section P.O. Box 6327        |   |   | Registration Section Clifton Building      |   | <del></del>                                  |              |
| •   | Tallahassee, FL 32314                           |   |  | 2661 Executive Cente<br>Tailahassee, FL 32301 |  | <b>3</b> 0   |
|   | is a check for the follow                       |   | The second con-                            | P 6   | PT - P- 0 - 15                               |              |
|   | ■ \$125.00 Filing Fee                           |   | ☐ \$155.00 Filir<br>Certified Copy         | _   | Filing Fee, Certifi<br>Certified Copy        | CHIC         |

### 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. NSF, LLC                             | n Limited Liability Company; must include "Limi  | and Dahilian Community of the World Co                        |  |  |  |
|---|--|---|--|--|--|
| NSF Florida Holdings, I                 | • • •  | ted classifity Company, LL.C., or LLC.                        | ,  |  |  |
|   | name adopted for the purpose of transacting business in F  | Inrida. The alternate name must include "I inited to          | ighiling Company " "1   C " or "    C ") |  |  |
| 2 Arkansas                              | •  |   | estiny conspirity. While, or their y     |  |  |
| Z                                       | which foreign limited liability company is organized)  | 3(FEI num   | (FEI number, if applicable)              |  |  |
| 4 August 1, 2017                        |  |   |  |  |  |
| 4. 114gast 1, 2017                      | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determ | o registration.)  | <del></del>                              |  |  |
| 6500 Landam Band                        | (See sections 605.0904 & 605.0905, F.S. to deter   |   |  |  |  |
| 5. 5500 Landers Road (Street Address of | Principal Office)  | 6. Same as Street Address/Principal Office                    |  |  |  |
| North Little Rock, AF                   |  | <b>,</b>  | <b>,</b>                                 |  |  |
| <del>-</del>                            |  |   |  |  |  |
|   |  |   | <del></del>                              |  |  |
| 7. Name and street addre                | ss of Florida registered agent: (P.O. Bo   | x NOT acceptable)   |  |  |  |
|   | Daniel D. Akel   | <u></u> ,   |  |  |  |
| Name:                                   | Damer D. Aker  | <del></del>   |  |  |  |
| Office Address:                         | One Independence Drive, Suite 2301   |   |  |  |  |
|   | Jacksonville   |   |  |  |  |
|   | (Ciry)   | , Florida 32202   | ie)                                      |  |  |
| Registered agent's accep                |  | •   |  |  |  |
|   | egistered agent and to accept service of   |   |  |  |  |
|   | ition, I hereby accept the appointment a<br>lons of all statutes relative to the proper                      |   |  |  |  |
| and accept the obligation               | of ny position as registered agent.  | and complete polyermance by my                                | > '= -                                   |  |  |
|   | Janie 5) (   | le le g   |  |  |  |
|   | (Registered agent's  | signature)  | 24                                       |  |  |
| 6 m                                     |  |   |  |  |  |
| Title or Capacity:                      | acity and address of the person(s) who ha<br>Name and Address:   | as/have authority to manage is/are: <u>Title or Capacity:</u> | Name and Address:                        |  |  |
|   | <del></del>  | Title of Capacity.  | Traine and Address.                      |  |  |
| Manager                                 | Richard Akel   |   | <u></u> <u>ω</u>                         |  |  |
|   | 5500 Landers Road<br>North Little Rock, AR 72117   | -   | <del></del>                              |  |  |
|   |  | -   | <del></del>                              |  |  |
|   |  |   |  |  |  |
|   |  | <del></del>   |  |  |  |
|   |  | _   | <del></del>                              |  |  |
| (Use attachments if necess              | sary)  |   |  |  |  |
| . Attached is a certificate             | of existence, no more than 90 days old, o  | duly authenticated by the official ha                         | ving custody of records in the           |  |  |
| urisdiction under the law o             | of which it is organized. (If the certificate  |   |  |  |  |
| f the translator must be su             | bmitted)   |   |  |  |  |
| 0. This document is evec                | ited iπ accordance with section 605.0203   | (1) (h) Florida Statutas I am aumas                           | s that any folse information             |  |  |
| ubmitted in a document to               | the Department of State constitutes a thin   | rd degree felony as provided for in s                         | .817.155. F.S.                           |  |  |
|   | (man/10 11   | ideal D   | ,  |  |  |
|   | Signature of   | of an authorized person                                       |  |  |  |
|   | V  |   |  |  |  |
|   | Joseph G. Nichols  |   |  |  |  |

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 EXISTENCE

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

### NSF, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed a Articles of Organization in this office October 30, 2001.

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.

I certify this entity has not filed articles of dissolution with this office.

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 20th day of July, 2017.

Mark Martin

Arkansas Secretary of State

Mark Martin

Julia Butler