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**DATE: 10/23/17**

**NAME: HALIRON POWER L.L.C.**

**TYPE OF FILING: APPLICATION**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HALIRON POWER L.L.C.

\_\_\_\_\_  
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:

DANIEL O'HALLORAN

\_\_\_\_\_  
Name of Person

HALIRON POWER L.L.C.

\_\_\_\_\_  
Firm/Company

4422 Highway 29 South

\_\_\_\_\_  
Address

HOPE, ARKANSAS, 71801

\_\_\_\_\_  
City/State and Zip Code

DAN@HALIRON.COM

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

For further information concerning this matter, please call:

DANIEL O'HALLORAN

+353

87 176 9173

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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. HALIRON POWER L.L.C.

(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.")

2. State of Arkansas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1845350

(FEI number, if applicable)

4. 1ST DAY OF NOVEMBER, 2017

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4422 Highway 29 South

(Street Address of Principal Office)

HOPE,

ARKANSAS, 71801

6. 4422 Highway 29 South

(Mailing Address)

HOPE,

ARKANSAS, 71801

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

(City)

, Florida 32301

(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.

see attached

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Managing Member

Daniel O'Halloran

4422 Highway 29 South

HOPE, ARKANSAS, 71801

Member

WILLIE WEEMS

4422 Highway 29 South

HOPE, ARKANSAS, 71801

(Use attachments if necessary)

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)

10. 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 authorized person

Daniel O'Halloran

Typed or printed name of signer

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JANUARY 10 2018

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

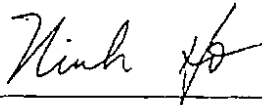
**DATE:** 10/23/17

**ENTITY NAME:** HALIRON POWER L.L.C.

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in cursive script, appearing to read "Ninh Ho", is written over a horizontal line.

Ninh Ho, Assistant Secretary  
Paracorp Incorporated



**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

**HALIRON POWER L.L.C.**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 20, 2017.

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 17th day of October 2017.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: fcfec701454bca

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)