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D. SCOTT JAN 1 0 2013

## COVER LETTER

TO: Registration Section Division of Corporations	1			
SUBJECT: BAYY		<u> A SHER SEVUI</u>	ces, Lic	
The enclosed "Application by Fore Existence, and check are submitted	ign Limited Liability Compa to register the above referen	any for Authorization to Tra	nsact Business in Florida," Co company to transact business	enificate of s in Florida.
Please return all correspondence co	oncerning this matter to the f	following:		
Ct	PCILL P	Sarnhart me of Person		
Barr	Mart Dis	ASHY SLYU	ices LC	
_5U	D COI. R	<u>d 135</u>		
Na	100 AR	2 1177 ( late and Zip Code	)	
Kc	E-mail address: (to be used	er II (a) (a) (b) for future annual report nu	mall. Com	$\mathcal{L}$
For further information concerning  CCC   Tourse of the concerning to the concerning	Sthis matter, please call:  SAYNAY+  Contact Person	at Area Code Day	4-9544 rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314		Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, Cert of Status & Certified/Copy	tificate
			ZEM JAN 10 P 12: 20	FILED
				7)6

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

COMPANY TOTRINS IN TBU	NON 605,0902, FLORIDA STATUTES TO SINESS IN THE STATE OF FLORIDA:  MOLY + DISOLS  Imited Liability Company, must include	THE FOLLOWING IS SILL  Compared Liability Compa	ices, U	A FORFIGN LIMITE	D <b>1.14BIL/T</b> Y
(If mine unavailable, enter alternate na	me adupted for the purpose of transacting busines  A S  Th foreign limited liability company is organized	3	me amai enclude "Lumeted Lumbel	ry Company, "L.L.C." or "I 56943 il applicable)	
5. SUU CO	(Date that transacted business in Florida, it (See sections 60) 20404 & 605,0905, F.S. it (See sections 60) 20	prior to registration ) o detention penalty hability)	Sam C		 
7. Name and street address Name:	s of Florida registered agent: (P.G Registered Agents Inc.		ible)		_
Office Address:	3030 N. Rocky Point Dr	ive STE 150A	, Florida 33607	<del></del>	
designated in this applicate to comply with the provise	gistered agent and to accept servition, I hereby accept the appointions of all statutes relative to the sof my position as registered age	ment as registered at proper and complete ent.	gent and agree to act i	n this capacity. I Ju	irther agree
8. The name, title or cap  Title or Capacity:  OWNEY	necity and address of the person(s)  Name and Address:	who has/have author Title or	ity to manage is/arc: <u>Capacity:</u>	Name and Addre	TILE D
Searctan	4 Krysne Chi magnotian	ingler webin 11753		20 RATE	
(Use attachments if necessity). Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 da of which it is organized. (If the c	ys old, duly authentic ertificate is in a forei	cated by the official ha gn language, a translati	ving custody of reco on of the certificate	rds in the under oath
10. This document is executed submitted in a document to	cuted in accordance with section 6 to the Department of State constitu	05.0203 (1) (b), Flor ites a third degree felt Bauhat Signature of an authorized p	ida Statutes. I am aware ony as provided for in s	e that any false infon 5.817.155, F.S.	mation
	Ceal	Bank	NOUT	<del></del>	



# 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

#### BARNHART DISASTER SERVICES, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 10, 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 2nd day of January 2018

Mark Martin

Secretary of State thorization Code: 84e2e36bf20e755

To verify the Authorization Code, visit sos.arkansis.go