

M18000001356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

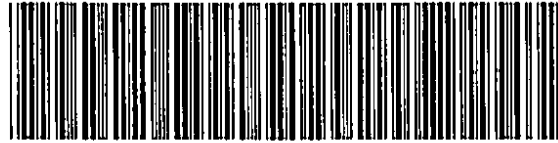
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB -9 AM 9:49
CLERK OF COURT
HALL COUNTY, FLORIDA

FEB 08 2019

Y SULKER

TO: Florida Department of State
DATE: February 2, 2018

RE: Application for Registration of a Foreign LLC

To whom it may concern,

Please find the following information regarding the application for Akel's Carpet One, LLC. I have included payment for a Certified copy and the Certificate of Status. If possible please send confirmation email to khall@fridayfirm.com:

If you have any questions, please feel free to contact me.

Thank you.
Kristine R. Hall

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AKEL'S CARPET ONE, LLC

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:

JOSEPH G. NICHOLS

Name of Person

FRIDAY, ELDREDGE & CLARK, LLP

Firm/Company

400 WEST CAPITOL AVENUE, SUITE 2000

Address

LITTLE ROCK, ARKANSAS 72201

City/State and Zip Code

jnichols@fridayfirm.com

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

For further information concerning this matter, please call:

JOSEPH G. NICHOLS

501

376-2011

at (_____) _____

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. AKEL'S CARPET ONE, 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.")
2. ARKANSAS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 2-1-2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5500 LANDERS RD 6. SAME
(Street Address of Principal Office) (Mailing Address)
NORTH LITTLE ROCK, AR 72117

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

Name: DAVID STARK

Office Address: 570 S YONGE STREET

ORMOND BEACH, Florida 72174
(City) (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.

*Please see attached

(Registered agent's signature)

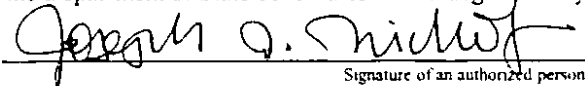
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>PRESIDENT</u>	<u>RICHARD AKEL</u> <u>5500 LANDERS RD</u> <u>N. LITTLE ROCK, AR 72117</u>	_____	_____
<u>ORGANIZER</u>	<u>JOSEPH G. NICHOLS</u> <u>400 W. CAPITOL AVE STE</u> <u>2000, LITTLE ROCK AR</u>	<u>72201</u>	_____

(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 an authorized person

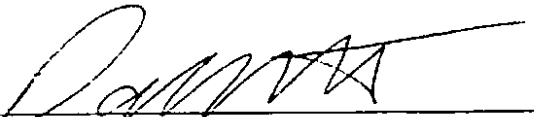
JOSEPH G. NICHOLS, ORGANIZER

Typed or printed name of signer

18 FEB 19 9:49
RECEIVED
FLORIDA
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To the Florida Department of State.

Having been named as registered agent and to accept service of process for Akel's Carpet One, LLC (the stated limited liability company listed within attached application). I, David Stark whose address is 570 S. Yonge Street, Ormond Beach, Florida 32174, do 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.


David Stark

FILED
18 FEB -9 AM 9:49
DEPT. OF STATE
TALLAHASSEE, FLORIDA