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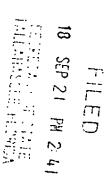
(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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### COVER LETTER

Anala Walley Data wai ay 110			
SUBJECT: Apple Valley Enterprises LLC Name of Lim	ited Liability Company		
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refe			
Please return all correspondence concerning this matter to the	ne following:		
Darin Clay			
N	lame of Person		
Apple Valley Enterprises LLC			
F	Firm/Company		
142 Lake Hamilton Dr. #111			
	Address		
Hot Springs, AR 71913	2 2-d 7:- 0-d-		
Cityrs	State and Zip Code		
applevalleysheds@gmail.com	<del></del>		
E-mail address: (to be u	sed for future annual r	eport notification)	
For further information concerning this matter, please call:			
Darin Clay	at (_ <u>501</u> )		
Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations Registration Section	Division of Corporations Registration Section		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\text{Certificate of Status}\$	\$155.00 Filing F Certified Copy	Fee & X \$160.00 Filing Fee, Certificate of Status & Certified Copy	

TO:

Registration Section
Division of Corporations

## 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. Apple Valley Enterprises 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 atternate name must include "Limited Liability Company." "L.L.C." or "LL.C.") 2 Arkansas 3. 81-2668246 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. June 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. 2004 North East Ave, Ste B 6.142 Lake Hamilton Dr. #111 (Street Address of Principal Office) (Mailing Address) Panama City, FL 32405 Hot Springs, AR 71913 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Eric Young Name: Office Address: 2004 North East Ave, Ste B Panama City \_\_, Florida 32405 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. s d agent's signaturo) 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 Eric Young Managing Member Darin Clay 2004 North East Ave, Ste B 142 Lake Hamilton Dr #111 Panama City, FL 32405 Hot Springs, AR 71913 (Use attachments if necessary) 1. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the rrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath f the translator must be submitted) ). This document is executed in accordance with section 505,0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted in a document to the Department of Plate constitutes a third degree felony as provided for in s.817.155, F.S. re of an authorized person

Typed or printed name of signee

Eric Young

# 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

### APPLE VALLEY ENTERPRISES LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 18, 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 6th day of September 2018.

Mark Martin

Secretary of State Online Certificate Authorization Code: d8e688512ffc16a

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