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Division of Corporations

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From:

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Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663

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Foreign Limited Liability Company SAFL, LLC

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

IN COMPLIANCE WITH I SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN HAMILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavadable, enter alternose na	time adopted for the purpose of transacting business in Flor	uta. The alternate name	must arcticle "Lancted Esability Company," "E	FC; or LLC
Arkansas		3	(Fkd minther, if applicable)	
(hardicion under the law of wh	net interprilated hibdits company is organized)	-	(Fed number, if applicable)	
	(Date first transacted business in Florids, if prior to (See sections 603 0004 & 605 0005, E.S. to decrin	egistration) ne penalty hability)		
128 Harmony Park Ci			mony Park Circle, Suite 201	
(Sizet Address of l	rincipal Office)	u	(Mailing Aldress)	
Hot Springs, AR 7191		Hot Spri	ngs, AR 71913	
				,
				2813
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable	:)	i i
	Rogers Towers, P.A. ero Jon C. Lasser	ne, Esq.		
Name:	Vital and the second of the se			. · V£
Office Address:	960185 Gateway Bonlevard, Suite 203			C.
	Amelia Island		32034	
	Kre		Florida	

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 abligations of my position as registered agent.

(Registered agem's signature)

anese ...

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Title or Capacity:	Name and Address: Rick A. Wilson	Title or Capacity:		
Manager	Name:	Manager	Name: R. A. Wilson Enterprises, Inc.	
Member	Address: 128 Harmony Park Circle	Member	Address: 128 Harmony Park Circle	
☐Authorized	Suite 201	☐ Authorized	Suite 201	
Person	Hot Springs, AR 71913	Person	Hot Springs, AR 71913	
Other	Other	Other	O1her	
Manager	Name:	Mnnager	Name:	
□Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person		Person		
Other	Other	Other	Other	
Manager	Name:	☐ Manager	Name:	
□Member	Address:	☐ Member		
Authorized		☐ Authorized	Address:	
Person		Person	-<	
Other	Other	Other		
			4-	
indexed individuals i 9. Attached is a certi	se an attachment to report more than six (6). I may be added to the index when filing your Fl ficate of existence, no more than 90 days old, e law of which it is organized. (If the certifica	orida Department of State duly authenticated by the t	Annual Report form. اور المالكة المال	
ar agency of the latter and	t be submitted)	ie is in a sercigh language,	a translation of the certificate under oath	
of the translator must		3 (1) (b), Florida Statutes, I	I am aware that any false information	
of the translator must 10. This document is	s executed in accordance with section 605.020 tent to the Department of State constitutes a th	ird degree felony as provid	led for in s.817.155, F.S.	

H19000151369



Arkansas Secretary of State John Thurston

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

1. John Thurston, 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

SAFL, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 15, 2018.

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 19th day of April 2019.

Him Thurston Him Certificate Authorization Code: 3e4e2e6e106d177 Coverry of State To verify the Authorization Code, visit sos.urkansus.gov