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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3336
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Clark Contractors, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Clark Contractors, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. Arkansas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-4055608
(EIN number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See Sections 605.0604 & 605.0605, F.S. to determine liability liability)
5. 15825 Cantrell Road
(Street Address of Principal Office)
6. P.O. Box 17361
(Mailing Address)
- Little Rock, AR 72223
- Little Rock, AR 72222
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Denise Bell Denise Bell, Asst. Secretary
(Registered agent's signature)

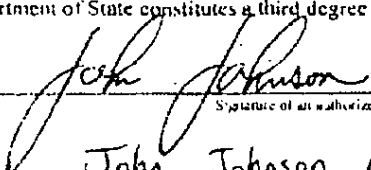
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: William Clark II	<input type="checkbox"/> Manager	Name: Shannon Earls
<input checked="" type="checkbox"/> Member	Address: 15825 Cantrell Road	<input checked="" type="checkbox"/> Member	Address: 15825 Cantrell Road
<input type="checkbox"/> Authorized	Little Rock, AR 72223	<input type="checkbox"/> Authorized	Little Rock, AR 72223
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Danny Bennett	<input type="checkbox"/> Manager	Name: John Johnson
<input checked="" type="checkbox"/> Member	Address: 15825 Cantrell Road	<input type="checkbox"/> Member	Address: 15825 Cantrell Road
<input type="checkbox"/> Authorized	Little Rock, AR 72223	<input checked="" type="checkbox"/> Authorized	Little Rock, AR 72223
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Matt Morrow	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 2875 Exchange Blvd	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Southlake, TX 76092	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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
 John Johnson, CFO
 Typed or printed name of signee



**Arkansas Secretary of State
John Thurston**

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

Certificate of Good Standing

I, 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

CLARK CONTRACTORS, LLC

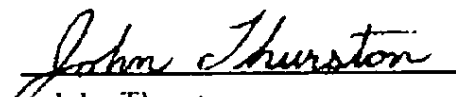
authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office January 16, 2009.

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.

2019 AUG -2 PM 4:16
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 1st day of August 2019.


John Thurston
Secretary of State

Online Certificate Authorization Code: 732ecfdn7af483e
To verify the Authorization Code, visit sos.arkansas.gov