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PICK-UP WAIT MAIL								
(Business Entity Name)								
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Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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Office Use Only



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SECRETARY OF STATE



November 12, 2019

JEFF KEMP 3680 N. INVESTMENT DRIVE SUITE:100 FAYETTEVILLE, AR 72703

SUBJECT: BOEN-KEMP CONSTRUCTION, LLC

Ref. Number: W19000099440

We have received your document for BOEN-KEMP CONSTRUCTION, LLC and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$59.30.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 919A00023294

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COVER LETTER

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SUBJ		Constructio	n, LLC						
2000			Name of Lin	nited Liability	Company		- 		
			Limited Liability Compan						
Please	return all correspo	ndence conce	erning this matter to the fol	lowing:					
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		Name of Person						25 PH 3: 07	-11
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	City/State and Zip Code								
	melanic(melanie@boenkempconstruction.com							
		E-n	nail address: (to be used fo	r future annua	report notifica	tion)			
For fur	ther information co	ncerning this	matter, please call:						
	Melanie Fleema	1	a	479 t (935-4218				
		Name of Cor	itact Person	Area Code	Daytime	Telephone Number	ŧr		
	MAHLING ADD Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL 3			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations ection ng ve Center Circle				
	Enclosed is a che Please make chec		lowing amount: FLORIDA DEPARTMI	ENT OF STA	ľΈ				
		\$125.00 Filing Fee & Certificate of Stat			\$155.00 Filing Fee & S160.00 Certified Copy of Status				3

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED I LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Boen Kemp Construction, LLC (Name of Foreign Limited Liability Company) must include "Limited Liability Company," "L L.C.," or "LI.C.") (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.") Arkansas - United States 82-2831816 (Jurisdiction under the law of which foreign limited liability company is organized) 9/17/2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905; F.S. to determine penalty liability.) 3680 N. Investment Drive PO Box 9718 (Street Address of Principal Office) Fayetteville, AR -72703 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N Suite 300 Office Address: St. Petersburg . Florida 33702 (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.

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Jeff Kemp Eric Boen ■ Manager Name. Manager Manager Name: 3680 N. Investment Drive 3680 N. Investment Drive Member Address: Member | * Address: Fayetteville, AR 72703 Fayetteville, AR 72703 Authorized Authorized Person Person Other Other____ Other__ Other___ Manager Manager Member Address: Member Authorized Authorized Person Person Other Other____ Office Other____ Manager Name: Manager Manager Name: _____ Member ☐ Member Address: Authorized Authorized Person Person Other Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Tett Kemp

Typed or printed name of signee



Arkansas Secretary of State Mark Martin

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

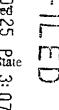
Certificate of Good Standing

1. 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

BOEN-KEMP CONSTRUCTION, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 19, 2017.

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 9th day of November 2018.

Mark Martin

Secretary of State Online Certificate Authorization Code: 977d63aca5ff87e

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