

10/25/21, 11:57 AM

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Division of Corporations  
**Florida Department of State**  
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 Electronic Filing Cover Sheet

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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)280-3338  
 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**  
**MR CAPITAL PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

**S. HAWKES****OCT 25 2021**

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# 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. MR CAPITAL PARTNERS, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-4698060

(Tax number, if applicable)

UPON FILING

4.

(Date first transacted business in Florida (if prior to registration)  
(See sections 605.0904 & 605.0915, F.S. to determine penalty liability)

5. 6308 RILEY PARK DR.

(Street Address of Principal Office)

6. PO BOX 181060

(Mailing Address)

FORT SMITH, AR. 72916

FORT SMITH, AR. 72918

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

(City)

Florida

33324

(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.

C T Corporation System

By:

(Registered agent's signature)

Christine Kaim  
Assistant Secretary

2021 OCT 25 AM 9:54

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CLERK OF STATE  
TALLAHASSEE, FL

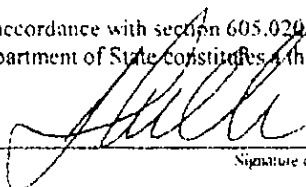
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: JIM MEADOWS	<input checked="" type="checkbox"/> Manager	Name: JOSEPH MEADOWS
<input checked="" type="checkbox"/> Member	Address: PO BOX 181060	<input type="checkbox"/> Member	Address: PO BOX 181060
<input type="checkbox"/> Authorized	FORT SMITH, AR 72918	<input type="checkbox"/> Authorized	FORT SMITH, AR 72918
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<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 605.0207 (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  
 JIM MEADOWS - MEMBER  
 \_\_\_\_\_  
 Typed or printed name of signer



**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

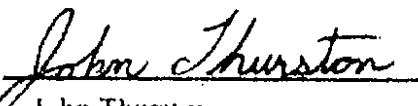
**MR CAPITAL PARTNERS, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 5, 2011.

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 26th day of August 2021.

  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 5de1c558876abec  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)