

M22000011520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

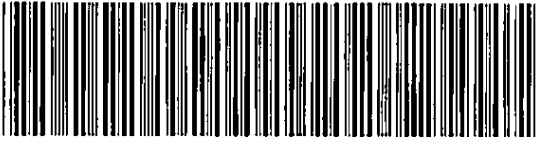
(Business Entity Name)

(Document Number)

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TALLAHASSEE DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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LLC

**1. THE HARVEST GROUP, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE HARVEST GROUP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brittany Hansen

\_\_\_\_\_  
Name of Person

Registered Agent Solutions, Inc.

\_\_\_\_\_  
Firm/Company

5301 Southwest Parkways, Suite 400

\_\_\_\_\_  
Address

Austin, Texas 79735

\_\_\_\_\_  
City/State and Zip Code

acornelison@harvestgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Hansen

888

7057274

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. THE HARVEST GROUP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

THE HARVEST GROUP, LLC, A LIMITED LIABILITY COMPANY OF ARKANSAS

(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. 20-5649166
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5100 W JB Hunt Drive
(Street Address of Principal Office)
Suite 720
Rogers, AR 72758

6. 5100 W JB Hunt Drive
(Mailing Address)
Suite 720
Rogers, AR 72758

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301
(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.

Adam Saldana, Assistant Secretary

[Handwritten signature]

(Registered agent's signature)

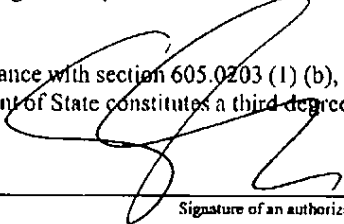
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/>	Manager	Name:	Steve Blair	<input checked="" type="checkbox"/>	Manager	Name:	Michael Ross Cully
<input type="checkbox"/>	Member	Address:	5100 W JB Hunt Drive	<input type="checkbox"/>	Member	Address:	5100 W JB Hunt Drive
<input type="checkbox"/>	Authorized		Suite 720	<input type="checkbox"/>	Authorized		Suite 720
<input type="checkbox"/>	Person		Rogers, AR 72758	<input type="checkbox"/>	Person		Rogers, AR 72758
<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		
<input type="checkbox"/>	Person			<input type="checkbox"/>	Person		
<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		
<input type="checkbox"/>	Person			<input type="checkbox"/>	Person		
<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  
  
Steve Blair  
\_\_\_\_\_  
Typed or printed name of signee