# M22000017968

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400397031094

11/00/22--1101---009 9+120.00

2622 NGY -8 PN 3: 08

S. ROBERTS NOV 0 8 2022

### COVER LETTER

TO:

ECT: Nan			
	ne of Limited Liability Company		
closed "Application by Foreign Limited Liability see, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Correferenced foreign limited liability company to transact business		
return all correspondence concerning this matter	to the following:		
Kasper Huber			
	Name of Person		
RMP LLP			
<del></del>	Firm/Company		
P.O. Box 1788			
<del>-</del>	Address		
Fayetteville, AR 72702			
(	City/State and Zip Code		
khuber@rmp.law			
E-mail address: (to b	e used for future annual report notification)		
rther information concerning this matter, please co	all:		
Kasper Huber	479 439-5658 at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
Please make check payable to: FLORIDA DE			
■ \$125.00 Filing Fee □ \$130.00 Filing Fe	ee &  S155.00 Filing Fee & S160.00 Filing Fee, Cerof Status  Certified Copy  of Status & Certifie		

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. First Star Construction				_		
(Name of Foreign First Star Construction F1.	Limited Liability Company, must include "Limited LLLC"	I Liability Co	mpany, L.L.C., or "LLC.)			
	ame adopted for the purpose of transacting business in Fl	onda The alter	nate name must include "Limited I	,iability Compai	ny," "L.L.C." or "LLC."	
Arkansas		47	7-2188168			
(Jurisdiction under the law of w	law of which foreign limited hability company is organized)		(FEI suo	(FEI number, (Fapplicable)		
n/a						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905; F.S. to determ	registration ) ne penalty habi	duş ı			
12724 Cactus Jack Rd.		P.0	O. Box 397			
Street Address of Principal Office)		0	(Mailing Address)			
Farmington, AR 72730		Fa	rmington, AR 72730			
7. Name and <u>street addres</u>	<u>s</u> of Florida registered agent: (P.O. Box	<u>NOT</u> acce	eptable)	; ;	2022 NOV	
Name:	Melissa Sims				င္ဘ	
Office Address:	3330 Green Turtle Lane		_		Y 3: 08	
	Panama City		32408 , Florida		<b></b>	
	(Cny)		(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.

(Regulered 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Melissa Sims, Trustee of the Sims Name: Family Trust u/a/d March 29, 2016 □Manager □ Manager Name: \_\_\_\_\_ Address: P.O. Box 397 **■**Member □ Member Address: Farmington, AR 72730 □ Authorized □ Authorized Person Person □ Other\_\_\_\_ □Other\_\_\_\_\_ □ Other\_\_\_\_\_\_ □ Other\_\_\_\_\_ □Manager □ Manager Name: Address: Address: □ Member □Member □ Authorized □ Authorized Person Person □Other □Other\_\_\_\_ □Other □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager ■Manager Address: Address: □ Member □Member □ Authorized □ Authorized Person Person □Other □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 \$.817,155, F.S. Signature of an authorized person

Typed or printed name of signee

Melissa Sims



## **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

#### FIRST STAR CONSTRUCTION LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 27, 2014.

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 3rd day of November 2022.

Thurston heate Authorization Code; ee446e73c26c3d2 ctary of State the Authorization Code, visit sos.arkansas.gov

In Thursto