

М24 0000010407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

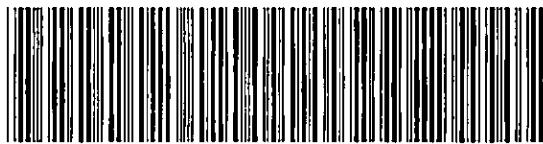
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

08/03/24--01022--003 \*\$125.00

**Special Instructions to Filing Officer:**



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## COVER LETTER

**TO:      Registration Section  
                Division of Corporations**

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:

Grace Hobbs

Name of Person

ArchBesi

**Firm/Company**

8401 McClure Dr

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**Address**

Fort Smith, AR 72916

City/State and Zip Code

corporatefilings@arcb.com

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

For further information concerning this matter, please call:

Grace Hobbs at (479) 434-9169  
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. AreBest Property Management, 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")

Arkansas

92-1339811

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

07/01/2024

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

8401 McClure Dr.

8401 McClure Dr.

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Fort Smith, AR 72916

Fort Smith, AR 72916

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee  
(City)

32301  
, Florida  
(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.*

Corporation Service Company

By: Taylor Jones

Taylor Jones, Assistant 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 checked="" type="checkbox"/> Manager	Name: <u>Judy R. McReynolds</u>		<input checked="" type="checkbox"/> Manager	Name: <u>Michael R. Johns</u>	
<input type="checkbox"/> Member	Address: <u>8401 McClure Dr.</u>		<input type="checkbox"/> Member	Address: <u>8401 McClure Dr.</u>	
<input type="checkbox"/> Authorized	<u>Fort Smith, AR 72916</u>		<input type="checkbox"/> Authorized	<u>Fort Smith, AR 72916</u>	
Person			Person		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
 <input checked="" type="checkbox"/> Manager	Name: <u>J. Matthew Beasley</u>		<input checked="" type="checkbox"/> Manager	Name: _____	
<input type="checkbox"/> Member	Address: <u>8401 McClure Dr.</u>		<input type="checkbox"/> Member	Address: _____	
<input type="checkbox"/> Authorized	<u>Fort Smith, AR 72916</u>		<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 1605.0203 (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  
Michael R. Johns  
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

### ARCBEST PROPERTY MANAGEMENT, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office December 9, 2022.

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 22nd day of July 2024.



*John Thurston*  
John Thurston  
Online Certificate Authorization Code: 0ee1aa428baf61  
Secretary of State  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)