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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

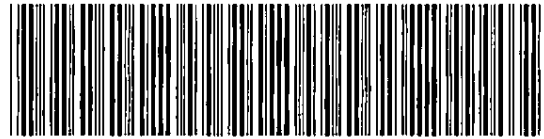
(Business Entity Name)

(Document Number)

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T. LEMIEUX
DEC -9 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

TruRight Services LLC

SUBJECT: _____
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:

Kasper Huber

Name of Person

RMP LLP

Firm/Company

5519 Hackett Street, Suite 300

Address

Springdale, AR 72762

City/State and Zip Code

khuber@rmp.law

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

For further information concerning this matter, please call:

Kasper Huber

479

443-2705

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. TruRight Services 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. (FEI number, if applicable)

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

5. 797 N Salem Rd Ste 220
(Street Address of Principal Office)

6. PO Box 1423
(Mailing Address)

Fayetteville, AR 72704 Farmington, AR 72730

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

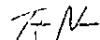
Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

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)

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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>Melissa Sims</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>PO Box 1493, Tontitown, AR 72</u>	<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 605.0203 (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

Melissa Sims

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


TRURIGHT SERVICES LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 12, 2024.

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 16th day of October 2024.


John Thurston
Secretary of State
Online Certificate Authorization Code: 249e06f71804e6a
To verify the Authorization Code, visit sos.arkansas.gov



ATTORNEYS AT LAW

LICENSED IN AR, AL, MO, OK, TN, TX

Established 2005

www.rmp.law

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khuber@rmp.law

PO Box 1788 | Fayetteville AR 72702
5510 Hackett Rd Ste 300 | Springdale AR 72762
T 479 443 2705 | F 479 443 2718 | D 479 439 5658

L.L.M. - Taxation

October 18, 2024

Florida Department of State

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

VIA CERTIFIED MAIL: RECEIPT # 9589 0710 5270 0997 5467 00

Re: Application to Transact Business in Florida

Dear Sir or Madam:

Enclosed, please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for TruRight Services LLC and a check in the amount of \$125.00 for the filing fee. Also enclosed is TruRight Services LLC's Certificate of Good Standing. Should you need additional information, please do not hesitate to contact me at any time.

Sincerely,

/s/ Kasper Huber

Kasper F. Huber

KFH/mjm

Enclosures