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T. LEMIEUX

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TO:	O: Registration Section Division of Corporations					
SUBJ	ECT:	LADY BUILDE	RS OF ARKANISI	15 /AIC.		
			on - must include suffex	1		
Dear 9	Sir or Madam:					
Ceru	ficate of Exister	ration by Foreign Corporation for nee," or "Certificate of Good St rign corporation to transact busi	tanding" and check are sub-	et Business in Florida," mitted to register the		
Please	return all corre	espondence concerning this mate	ter to the following:			
		Diana Hil	and or Patr	ick Haygoud		
	<u> </u>	Name (of Person	1-5		
		_ LADY BUILDE	ERS OF ARKANS	SAS		
			ompany			
	·	P.O. Box 11	37			
			dress			
		MALVERN	1, AR 72104			
			and Zip code			
		Lady-builders of E-mail address: (to be use	ar@gmail.ci	om		
		E-mail address: (to be use	d for future annual report n	otification)		
For fu	rther informatio	on concerning this matter, please	c call:			
Dia	nathly	at (50) Area Co	467.599	7		
	Name of Pen	son Area Co	ode Daytime Teleph	ione Number		
	Registration S Division of C The Centre of	Section Sorporations Tallahassee roe Street, Suite 810	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		
Please		or the following amount: ble to: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	NT OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

LADY BUILDERS OF ARKANSAS, INC	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPINE," "Co.," "Corp." "Inc.," "Corp.")	PORATION,"
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose o	f transacting business in Florida)
·	_
2. Arkansas, usa 3. (State or country under the law of which it is incorporated) (FEI nu	mber if applicables
4. SEPT 201 2.02.Z 5. (Date of incorporation) (Date of duration)	
(Date of incorporation) (Date of duration	n, if other than perpetual)
6	
(Date first transacted business in Florida, if prior to regist (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine per	nalty liability)
7. 1205 CENTRAL AVENUE, HUT SPRIM (Principal office street address)	IICIS, ARKANISAS 71901
	7244
P.O. Box 1137, MALVERNI, ARKANSAS	12.104
(Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	' 💋 🕌
Name: Rugistered Aginesine.	
Name: Ryistered Agents Inc. Office Address: 7901 4th St N Ste 300	
St. Refersburg, Florida 337 (City) (Zip coo	102 2 1
(City) (Zip coo	de)
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the ab	
	ana agree to act in this capacity - r s
and the proper and the provisions of all statutes retaine to the proper and	a complete performance of my quiles
and I am familiar with and accept the obligations of my position as registered age	71.
Quid Casetts (Registered agent's signature)	
(Registered agent's signature)	
10. Attached is a certificate of existence duly authenticated, not more than 90 days r	prior to delivery of this application to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
□Chairman	Name: Dianatilyard	□Chairman	Name	-		
□Vice Chairman	Address P.O. BOX 1137	□Vice Chairman	Address			
□Director	Maluern, AR 72104	Director				
Derresident		□President				
□Vice President		[]Vice President				
☐ Secretary	□Treasurer	□ Secretary		□Treasurer		
□Other	□Other	Other		□Other		
□Chairman	Name	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		Treasurer		
□Other	Other	Other	·	□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·		
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary		Treasurer		
□Other	Other	□ O1her		Other		
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Department	nt of State Annual R	eport form.			
12.	Signature of Director of	r ()ffings				
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	hat the facts state utes a third degre	ed herein are true and that he or		
13. Diana Hilyard President (Typed or printed name and capacity of person signing application)						



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

LADY BUILDERS OF ARKANSAS, INC

formed under the laws of the state of Wyoming, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office September 20, 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 19th day of June 2024.

John Thurston

Online Certificate Authorization Code: 45a661869288210 To verify the Authorization Code, visit sos.arkansas.gov