Filing and License Fee: \$310.00 minimum



Revised: 07/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Matthew A. Brown **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby

	plies steme		of Authority to tran	sact business in the	state of Rhode Island, and for that	purpose submits the following						
1,	The	name of the cor	poration is Harriso	on French & Associ	ates, LTD	23						
2.	lt is i	ncorporated und	der the laws of Ark	ansas								
3.	The	name, if differer	it, which it elects to us	se in Rhode Island is:								
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company, "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:											
	(b)				n set forth below the fictitious name in the "Fictitious Business Name							
4.	The	date of its incorp	poration is August	31, 1999	and the period of its duration is _	Perpetual						
5.		•	' <u>*</u> '	pal office in the state or country under the laws of which it is incorporated is								
6.	The address of its proposed registered office in Rhode Island is 10 Weybosset Street											
						ess, <u>not</u> P.O. Box)						
	Pro	vidence			_ and the name of its proposed reg	istered agent in Rhode Island at						
		(City/1	•	(Zîp Code)								
	that	address is <u>C.1</u>	. Corporation Sys									
				(Nan	ne of Agent)							
7.	The s	specific purpose	or purposes, which i	t proposes to pursue in	the transaction of business in Rhode	e Island are:						
	Arc	hitectural and	d Engineering Sen	vices								
												
8.	The	names and resp	ective addresses of t	he directors and officer	s are:							
			<u>Nam</u>	<u>e</u>	<u>Address</u>	i						
	Di	irector	Harrison O Frenc	ch 80	9 SW A Street, Suite 201, Bento	onville AR 72712						
	Di	irector	<u> </u>		 							
	Pr	resident	Harrison O. Fren	ch 80	SW A Street, Suite 201, Bento	onville AR 72712						
	Vi	ce President	Chris Horton		SW A Street, Suite 201, Bento	onville AR 72712						
	Tr	easurer										
	Se	ecretary	Larry Lott	80	SW A Street, Suite 201, Bento	onville AR 72712						
Fo	rm No.	150										

					Par Value or Statement that				
40	Number of Shares	Class	<u>Series</u>	-	Shares are without Par Value				
<u>10</u>	0,000	Common		\$1.00	\$1.00				
_									
	The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if ar within a class, is:								
	Number of Charge	Clare	Carias		Par Value or Statement that				
10	Number of Shares	<u>Class</u> Common	<u>Series</u>	\$1.00	Shares are without Par Value				
 11. (a)	(a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$352,956.00.								
(b)	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0								
(c)	(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is								
12. (a)	a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 954,500.00 .								
(b)	An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0 .								
(c)	corporation at or from place	es of business in this state duration during the following year	ing the following year b	ears to the g	ousiness to be transacted by ross amount thereof which will (a) and multiply by 100 to ob-				
	is application is accompanied e secretary of state or other ac				ents thereto, duly authenticated				
	4-7-05	н	arrison French & As	ssociates.	LTD				
D-4		••							
Date: _	17-17-03	_			tion Making Application				
Date: _	11-11-03	_							
Date: _			Print Exact Nam	e of Corpora	tion Making Application				
_	CCON M MUSTEE	N ARKANSAS		e of Corpora	tion Making Application				
_	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT	ARKANSASI	Print Exact Nam	e of Corpora	tion Making Application				
_	FERN M. MUSTEE	ARKANSASI	Print Exact Nam	v Vice F	tion Making Application				
	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3	ARKANSASI	Print Exact Nam	v Vice F	resident (check one)				
STATI	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3	ARKANSASI	Print Exact Nam	v Vice F	resident (check one)				
STATI	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3 E OF Alkansas ITY OF Benton	ARKANSAS Y 1-15-2010 B	Print Exact Nam	v Vice F	resident (check one)				
STATI	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3 E OF Aleansas ITY OF Benton	15-2010 By	Print Exact Nam President o Secretary o	Vice F AND Assist	resident (check one) ant Secretary (check one)				
STATI	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3 E OF Alkansas ITY OF Benton	ARRANSAS Y 15-2010 By AR. on this The and Sany	Print Exact Nam President o Secretary o	Vice F AND Assist	resident (check one) ant Secretary (check one) ,, before me person sworn, declared that he/she is				
STATI COUN appear	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3 E OF Albansas ITY OF Benton In Bentonville Bed Harrison Tres	ARRANSAS Y 15-2010 By ARRANSAS Y By ARRANSAS A By Arrange By Arrange Arrange By Arrange By By By By By By By By By B	Print Exact Nam President of Secretary of Att who	Vice F AND Assist	resident (check one) ant Secretary (check one) ,, before me personation				
STATI COUN appear	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3 E OF Aleansas ITY OF Benton	ARRANSAS Y 15-2010 By ARRANSAS Y By ARRANSAS A By Arrange By Arrange Arrange By Arrange By By By By By By By By By B	Print Exact Nam President of Secretary of Authority and that I use.	Vice F AND Assist o, being duly ne/she signe	resident (check one) ant Secretary (check one) ,, before me perso sworn, declared that he/she is the foregoing document as s				
STATI COUN appear	FERN M. MUSTEE NOTARY PUBLIC-STATE OF BENTON COUNT My Commission Expires 3 E OF Albansas ITY OF Benton In Bentonville Bed Harrison Tres	ARKANSAS Y 15-2010 By Arkans	Print Exact Nam President of Secretary of Authority and that I use.	Vice F AND Assist o, being duly ne/she signe	resident (check one) ant Secretary (check one)				