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(Re	equestor's Name)				
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SECRETARY OF STATE
OIVISION OF CORPORATIONS

5/13/13

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
	Lipt of North Carolina - must include suffix	Inc.
Name of corporation	- must include suffix	1
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	nding" and check are submitted to register the	
Please return all correspondence concerning this matter	to the following:	
Townie SHAI	alyn Page	
Name of 1	Person	
A meri-Quip	t of North Carolina, IN	<u>に</u>
	1 2	
708 Fleming St, Hend	Jersonuille, NC 28'191	
Hendersonville NO	nd Zip code	<del></del>
Sharly page @ E-mall address: (to be used)	for future annual report notification)	
For further information concerning this matter, please of	call:	
Townie Sharlyw Page at (828 Name of Person Area (	Code & Daytime Telephone Number	SECRETO SECRETORY
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	3 \$78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certificate of State Certified Copy	

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	•	<u>-</u>	ed for the purpose of transacting business	in Florida)	-
2. Nort	h Carolina	3	56 - 1333291 (FEI number, if applicable)	<del> </del>	_
4. <b>7</b> 77	Ay, 1982	5	Per petua L ration: Year corp. will cease to exist or "	. 111	<b>Produ</b>
(Date	of incorporation)	(Dii	ration: Year corp. will cease to exist or "	perpetual")	
6			ida, if prior to registration) .S., to determine penalty liability)		_
	•	•	NUTLLE, N.C. 287		<del></del>
708	FLEMING ST. F	HENDERS mailing address)	ONUILE, N.C., 28	791	_
8(Purpose(s)	Respiratory &	= quip me e state or country	to be carried out in state of Florida)	ಪ	SIAIG 3S
9. Name and <u>stree</u>	t address of Florida registered	agent: (P.O. Bo	x <u>NOT</u> acceptable)	MAY 14	ORE T
Name:	T. SHARLY	N PAGE		=	ARY CC
Office Address:	8 St. Lucie			E.	끊유
Office Address.				£.	STA
	Stuart		, Florida <u>39996</u>	<del></del>	19 H
10 Registered as	(City)		, Florida <u>34996</u> (Zip code)	<del>-,-</del>	SKOI

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Townie Shorlyn Page Address: 803 High Usefa DR., Mills River, NC. 28759 Vice Chairman: LOTIN G. PAGE Address: \_\_\_\_\_ 6/6 Hendersonville N.C. 28739 Address: **B. OFFICERS** President: Townie Sharlyn Page = 3 Address: 803 High Vista DR Mills River, NC 2875 Vice President: LOTIN G. PAGE Address: 616 W. 5TH Ave Apt. 33 Handersonville, N.C. 28739 Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director of Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Townie Sharlyn Page (Typed or printed name and capacity of person signing application)



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### AMERI-QUIPT OF NORTH CAROLINA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of May, 1982, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY 14 PM 4: 31





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of March, 2013.

Elaine I Marshall

Secretary of State

Certification# 93863868-1 Reference# 11414639-ea Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification