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To:

Division of Corporations

Fax Number : (850) 617 - 6383

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220

Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** :

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Johnson Price Sprinkle PA

Certificate of Status	1
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D. SCOTT

FEB 2 3 2017

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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.

Johnson Price Sp				
(Enter name of co	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp."))," "CON	PANY," "CORPORATIO	΄ ,"
(If name unavailal	ble in Florida, enter alternate corporate nam	e adopted	for the purpose of transacting	ng business in Florida)
North Carolina	a	56-11		
(State or country	under the law of which it is incorporated)	,	(FEI number, if a	pplicable)
4/27/1977	5	5.		
(Date	of incorporation)		(Date of duration, if other	than perpetual)
, , , , , , , , , , , , , , , , , , , ,	, Suite 300 Asheville, NC 28801 (Princ	cipal offi	oc address)	
	·		ess. if different)	
Name and stree	t address of Florida registered agent: (F		NOT acceptable)	ند
Name:	Registered Agent Solutions, Inc	C.		强品
ffice Address:	155 Office Plaza Dr., Suite A			最高
	Tallahassee		Florida 32301	72
	(City)		(Zip code)	
. Registered age	ent's acceptance:		•	

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
	;·
Address:	
Director:	
Address:	
•	
B. OFFICERS	
B. OFFICERS Benjamin C. Hamrick	
President:	
79 Woodin Place, Suite 300 Asheville, NC 28801 Address:	
Vice President:	·
	-i.a -1
Address:	F2 - 7
Secretary:	100 PM
Address:	
_	
Treasurer:	23
Address:	
NOTE: If necessary, you may attach an addendum to the appli	cation listing additional officers and/or directors.
14.	and
The officer or director signing this document (and who is listed	in number 11 above) affirms that the facts stated herein
are true and that he or she is aware that false information subm	itted in a document to the Department of State constitutes
a third degree felony as provided for in s.817.155, F.S.	
13. Benjamin C. Hamrick, CEO	function similar application)
(Typed or printed name and capacity of	r berson arkums abbrication)

Addendum A Johnson Price Sprinkle PA Board of Directors

Address for all Directors: 79 Woodfin Place Suite 300 Asheville, NC 28801

- 1. Benjamin C. Hamrick
- 2. Mary P. Williams
- 3. J. Scott Hughes
- 4. Rollin J. Groseclose
- 5. Mickey R. Dale
- 6. Noel M. Swartz
- 7. Kathryn Atkinson
- 8. Sok Heang Cheng





NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

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

JOHNSON PRICE SPRINKLE PA

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of April, 1977, with its period of duration being Perpetual.

I FURTHER certify that 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 the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of February, 2017.

Elaine I. Marshall

Secretary of State

Certification# 99811488-1 Reference# 13549748-ACH Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification