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H190001083263ABC/

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To;

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397

Fax Number

: (800)567-4397 : (800)567-4398

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

Email Address: stephanie.thompson@lssinc.com

FOREIGN PROFIT/NONPROFIT CORPORATION LifeSource of North Carolina, Inc.

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APR - 4 2019

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COVER LETTER

	LifeSource of Nort				
UBJECT:	st include suffix				
Dear Sir or M	ladam:				
The enclosed 'Certificate o	"Application by F of Existence," or "o need foreign corpo	ration to transact b	usinoss ir	orization to Transact E " and check are submit Florida.	Business in Florida," Ited to register the
Please réturn	all correspondent	e concerning this n	natter to t	he following:	
Stephanic The	ompson				
		Nan	e of Per	on	
LifeSource o	f North Carolina, Inc	: .			
		Firm	/Compar	y	
3205 Randai	l Parkway				
			Address		
Wilmington,	NC 28403				
		City/S	State and	Zip code	
stephanic.th	ompson@!ssinc.cor	n		The set of	vi(ication)
	E-	mail address: (to be	used for	future annual report no	Milioniony
For further	information conce	erning this matter, p	lease cal	:	
		801 at (800	567-4397	
	ame of Person		ea Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	is a check for the l	following amount: \$78.75 Filling Fee Certificate of Stat		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Statu Certified Copy

(((H19000108326 3)))

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.

nter name of corp	oration; must include "INCORPORATED," "CO	DWBANY," "CORPORATION,	
.c.," "Co.," "Corp	," "Inc," "Co," or "Corp.")		
		·	
	Civil according to the same adopt	ted for the purpose of transacting business in Flori	ida)
North Carolina	3	(FEI number, if applicable)	 -
(State or country	under the law of which it is incorporated)		
4/5/2011	5	(Date of duration, if other than perpetual)	
(Date o	fincorporation)	(Date of duration, it dutes that perpendicular	
(2000)	•		
	(Date first transacted business in Flo	orida, if prior to registration)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	
2205 Randall Park	(SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	
3205 Randall Park	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403	F.S., to determine your	
	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of	orida, if prior to registration) F.S., to determine penalty liability) office address)	
	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403	office address)	• •
	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403	F.S., to determine your	PR
3205 Randoll Pari	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403 (Current mailing a	office address) address, if different)	• •
3205 Randoll Pari	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403 (Current mailing a address of Florida registered agent: (P.O. 5	office address) address, if different)	APR -3
3205 Randall Pad	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403	office address) address, if different)	APR -3
3205 Randoll Pari	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403 (Current mailing a address of Florida registered agent: (P.O. 5 URS AGENTS, LLC	office address) address, if different)	APR -3 AH IQ
3205 Randall Pad Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403 (Current mailing a address of Florida registered agent: (P.O. 5	office address) address, if different) Box NOT acceptable)	APR -3 AM 10: 5
3205 Randall Pad	(SEE SECTIONS 607.1501 & 607.1502, way Wilmington, NC 28403 (Principal of Kway Wilmington, NC 28403 (Current mailing a address of Florida registered agent: (P.O. 5 URS AGENTS, LLC	office address) address, if different)	APR -3 AH IQ

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.

> Elice Kindo Erica Lindo, Apaistant Sec (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 Dapartment 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.

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	^
11. Names and business addresses of officers and/or directors:	FILE AMA
A. DIRECTORS	7 · 3 .
Chairman:	11/4 M
Address:	SEE ASTA
	COPIL
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
Address:	
B. OFFICERS Peggy L. Baddour	
President: 3617 Maxwell Place	
Address:	
Vice President:	
Address:	
Address:	
Secretary:	
Address:	
Treasurer:	
& dilposs:	
attack an addendum to the application listing additional officers and/or directors.	
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) atterns that the vacuation submitted in a document to the Department of State constitutes	
a third degree fellony as provided for in story its provided to the story in story in the story	•
(Typed or printed name and capacity of person signing application)	



NORTH CAROLINA ((CH1900) Department of the Secretary of State

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CERTIFICATE OF EXISTENCE

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

LIFESOURCE OF NORTH CAROLINA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of April, 2011, 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 not 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.

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SECHE LASSEE FLORIDA





Scan to verify online.

Certification# 103831716-1 Reference# 14974083- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of February, 2019.

Secretary of State

6 laine I Marshall

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850-617-6381

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Division of Corporations

April 3, 2019

FLORIDA DEPARTMENT OF STATE

URS AGENTS LLC

SUBJECT: LIFESOURCE OF NORTH CAROLINA, INC.

REF: W19000033650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Your documents were printed in Landscape mode and need to be submitted in Portrait.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III

FAX Aud. #: H19000108326 Letter Number: 619A00006592