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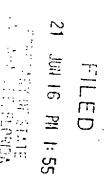
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

18

TO: Registration Section Division of Corpora				
SUBJECT: Risher Incorpo	rated			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application Is "Certificate of Existence," of above referenced foreign co	r "Certificate of Good Stand	ding" and check are sub-		
Please return all correspond	ence concerning this matter	to the following:		
Leslie Risher				
	Name of I	Person		
Risher Incorporated				
	Firm/Com	pany		
102 Waxhaw Professional Par	CDr St D-100			
	Addre	SS		
Waxhaw NC 28173				
	City/State ar	id Zip code		
office01ricc@gmail.com				
l:	-mail address: (to be used for	or future annual report n	otification)	
For further information con-	erning this matter, please co	all:		
Leslie Risher	at (704			
Name of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable to: \$\text{S70.00 Filing Fee}\$ \$\text{S}\$	FLORIDA DEPARTMENT	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.

Risher Incorpora	nted Construction Consulting				
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)		
North Carolina		82-1798050			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
7/11/2017	5	perpetual			
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			
	(SEE SECTIONS 607.1501 & 607.15		lity)		
02 Waxhaw Pro	fessional Park Dr ST D-100 Waxhaw NC 2817	73			
		ce <u>street</u> address)			
02 Waxhaw Pro	fessional Park Dr. St D-100 Waxhaw NC 281	73			
	(Current mailir	g address, if different)			
Name and <u>strec</u> Name:	(Current mailing that the control of		∷ 21		
Name:	et address of Florida registered agent: (P.C		21 JU		
Name:	et address of Florida registered agent: (P.C. Doug Biddle	D. Box <u>NOT</u> acceptable)	21 JUN 18 2001389 21 354139		
Name:	et address of Florida registered agent: (P.C Doug Biddle 1767 Lakewood Ranch Blvd #293		21 JUN 16 F		
Name: fice Address:	et address of Florida registered agent: (P.C. Doug Biddle 1767 Lakewood Ranch Blvd #293 Bradenton (City)	D. Box NOT acceptable)	21 JUN 16 PM COLLARY OF STA		
Name: ĭce Address: Registered ag e	et address of Florida registered agent: (P.C. Doug Biddle 1767 Lakewood Ranch Blvd #293 Bradenton	D. Box NOT acceptable) , Florida 34211 (Zip code)			

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.

A. DIRECTORS					
□Chairman	Name: Leslie Risher		□Chairman	Name:	
□Vice Chairman	Address: 102 Waxhaw Professional Park Di		□Vice Chairman	Address:	
□Director	Suite D-100		□Director		
Waxhaw NC 28173 Waxhaw NC 28173		□President			
□Vice President			□Vice President		
Secretary		□Treasurer	☐ Secretary		□Treasurer
Other		□ Other	□Other		□Other
∐Chairman	Name:		□Chairman	Name	
			□Vice Chairman		
Director		-	□ Director		·
□ President					\$ 17 th 18 th
		·····	□President		
			□Vice President		
□Secretary		☐Treasurer	☐ Secretary		□Treasurer
Other		Other	□Other		Other
□Chairman	Name:		□Chaiπnan	Name:	
□Vice Chairman			□ Vice Chairman		
Director			☐ Director		
□President			□President		
□Vice President			□Vice President		
□Secretary		☐Treasurer	□Secretary		□Treasurer
Other		Other	□Other		□Other
individuals may be	added to the inde	to report more than six (6). The a x when filing your Florida Depart Signature of Directo	ment of State Annual Re	port form.	
The officer or direct she is aware that fa s.817.155, F.S.	dse information su	ocument (and who is listed in num	ber 11 above) affirms th artment of State constitu	at the facts stated tes a third degree	I herein are true and that he or efelony as provided for in
13.	Lescie	TISHET			

(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

RISHER INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of July, 2017, 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.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of June, 2021.

Elaine J. Marshall

Secretary of State