

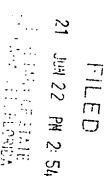
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COVER LETTER

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TO:	Registration Section Division of Corporations			
SHRI	ECT: Sterling Industrial Refrigerat	ion, Inc.		
3000	Name	of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Confects of Existence," or "Certificate referenced foreign corporation to the components of the corporation to the	of Good Stan	ding" and check are subn	
Please	return all correspondence concern	ing this matter	to the following:	
Richar	d Fineman			
	-	Name of	Person	
Sterlin	g Industrial Refrigeration, Inc.			
		Firm/Com	pany	
598 Ai	rport Blvd., Suite 100			
		Addre	ess	
Morris	ville, NC. 27560			
		City/State a	nd Zip code	
invoice	@sterling-refrigeration.ocm			
	E-mail addres	s: (to be used f	or future annual report no	otification)
For fu	rther information concerning this r	natter, please c	all:	
Richar	d Fineman	919 at () 459-8509 e Daytime Telepho	
-	Name of Person	Area Code	e Daytime Telepho	one Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Fl.	ction porations
Please	sed is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee S78.75 Filit Certificate	EPARTMENT 1g Fee &	OF STATE S78.75 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")			
Cualina Dafaa				
Sterling Refrige		1	- business in Therida)	
(If name unavails	able in Florida, enter alternate corporate name a		g business in rioriua)	
Washinton	3.	(FEI number if applicable)		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
May 26, 1995''	5.	(Date of duration, if other t		
• • •		(Date of duration, if other t	han perpetual)	
None				
	(Date first transacted business in			
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liabili	ty)	
i98 Airport Blvd	Suite 100, Morrisville, NC 27560			
	(Principal office	e street address)		
	(Current mailin	address, if different)		
	(Current mailin	g address, if different)		
Name and store				
Name and <u>stre</u>	et address of Florida registered agent: (P.O			
Name and <u>stree</u>			21	
Name:	et address of Florida registered agent: (P.O		21 J	
Name:	et address of Florida registered agent: (P.O Cogency Global 115 North Calhoun Street, Suite 4	. Box NOT acceptable)	21 JUN	
Name:	et address of Florida registered agent: (P.O Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee	. Box <u>NOT</u> acceptable) , Florida 32301	21 Jun 22	
Name:	et address of Florida registered agent: (P.O Cogency Global 115 North Calhoun Street, Suite 4	. Box NOT acceptable)	21 JUN 22 1	
Name:	Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee (City)	. Box <u>NOT</u> acceptable) , Florida 32301	21 JUN 22 PM	
Name: ffice Address: Registered ag	Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance:	Box NOT acceptable) , Florida 32301(Zip code)	1	
Name: Ffice Address: Registered ag	et address of Florida registered agent: (P.O. Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ned as registered agent and to accept services	Box NOT acceptable) , Florida 32301(Zip code) ce of process for the above states	d corporation al the	
Name: ffice Address: Registered agaving been nan signated in this rther agree to c	et address of Florida registered agent: (P.O. Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointmentally with the provisions of all statutes recognitions.	Box NOT acceptable) , Florida 32301 (Zip code) ce of process for the above states agent and agreelative to the proper and comple	d corporation al the	
Name: ffice Address: Registered ag aving been nan esignated in this orther agree to c	et address of Florida registered agent: (P.O. Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointn	Box NOT acceptable) , Florida 32301 (Zip code) ce of process for the above states agent and agreelative to the proper and comple	d corporation al the	
Name: ffice Address: Registered ag faving been nan esignated in this erther agree to c	Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: med as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes remaining with the provisions of all statutes remaining the services and accept the obligations of my poor	Box NOT acceptable) , Florida 32301, Florida (Zip code) ce of process for the above states that as registered agent and agrelative to the proper and complessition as registered agent.	d corporation al the	
Name: ffice Address: Registered ag aving been nan esignated in this erther agree to c	et address of Florida registered agent: (P.O. Cogency Global 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointmentally with the provisions of all statutes recognitions.	Box NOT acceptable) , Florida 32301, Florida (Zip code) ce of process for the above states that as registered agent and agrelative to the proper and complessition as registered agent.	d corporation al the	

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 3605 Camp Mangum Wynd	□Více Chairman	Address:	_			
□Director	Raleigh, NC, 27612	□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Tre	asurer			
St Other CEO	Other	□Other	□Oth	er			
□Chairman	Susan Skog Name:	□Chairman	Name:				
□Vice Chairman	3605 Camp Mangum Wynd	□Vice Chairman	Address:				
Director	Raleigh, NC 27612	□Director					
□President		□President					
■Vice President		□Vice President					
☐Secretary	□Treasurer	☐Secretary	□Tre	asurer			
□Other	Other	□Other		er			
□Chairman	Joseph Fulton	□Chairman	Name:				
	2018 Lazio Lane		Address:				
Director	Apex, NC 27502	Director					
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐Secretary	□Tre	asurer			
□Other		□Other	□Oth	er			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing-your Florida Department of State Annual Report form. 12. Signature of Director or Officer							

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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

, Stephen E Skog

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF.

STERLING INDUSTRIAL REFRIGERATION, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/26/1995.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/09/2021 UBI Number: 601 632 878



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 06-09-2021