# F01000000952

#### TRANSMITTAL LETTER

	IKANSMITIA	LLEIIEK		
TO: Registration Sect Division of Corpo				
SUBJECT: The	(Name of corporatio	ony of North C n - must include suffix)	arolina Ivo	D713
Dear Sir or Madam:			*****78.75	*****78.75
The enclosed "Application "Certificate of Existence" to transact business in Flo	on by Foreign Corporation for a , and check are submitted to re orida.	Authorization to Transact B egister the above referenced	usiness in Florida", foreign corporation	
Please return all correspo	ndence concerning this matter  Eduards		wol-3	7142
The Osbor	(Name of COMPANI Firm/Con	of North Ca	rolina Iv	2
P.O. BOY	1107			<u>.</u> ,
Eden NO	(Addre	ess)		
	(City/State a	nd Zip code)		•
For further information concerning this matter, please call:    Manual Edwards   at (330) (23-211)   Employee     (Area Code & Daytime Telephone Number)   Employee				T
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	9 PH 8: 26 STATE EE, FLORIDA	ED
Enclosed is a check for the	e following amount:		_	alia
□ \$70.00 Filing Fee >	\$ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & ☐ Certified Copy	\$87.50 Filing Fee, Certificate of Status Certified Copy	• •



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 9, 2001

NANCY M. EDWARDS PO BOX 1107 EDEN, NC 27289

SUBJECT: THE OSBORNE COMPANY OF NORTH CAROLINA INC

Ref. Number: W01000003142

We have received your document for THE OSBORNE COMPANY OF NORTH CAROLINA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 401A00008107

8 Nd 61 83.

Division of Comparations - P.O. ROY 6327 - Tallahassaa, Florida 32314

### 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.	I
1. The Oshare Company of Morth Carolina Two (Name of corporation; must include the word INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	<u>/</u>
2. North Carolina 3. 56-1296470 (FEI number, if applicable)	<b>–</b> ,
4. 1-15-1981 5. Per petual (Duration: Year corp. will cease to exist or "perpetual")	<del>"</del> )
6. Open Qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	. <u>")</u>
7. 515 S Kennedy Street Eden NC 27288 P.O. Box 1107 Eden NC 27289 (Current mailing address)	<del>-</del>
8. General Contractor  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<del>)</del> )
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 S. Pine Island Road	
Plantation , Florida 33324 (City) (Zip code)	)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this cafurther agree to comply with the provisions of all statutes relative to the proper and complete performance of duties, and I am familiar with and accept the obligations of my position as registered agent.	pacity. I

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: Vice Chairman: Director: Address: Director: **B. OFFICERS** Vice President: Address: Address: Treasurer: Address: NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(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

### THE OSBORNE COMPANY OF NORTH CAROLINA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of January, 1981, 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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of February, 2001.

Elaine 4. Marshall
Secretary of State

Certification Number: 5464014-1 Page: 1 of 1 Ref. # 4559190 Verify this certificate online at www.secretary.state.nc.us/Verification.