| Requester's Namel | 2000046762 | | 5 |
|--|--|--------------|--|
| City/State/Zip Phone # CORPORATION NAME(S) & DOCUMI | Office Use Only | 024 ***** | -011 87.50 |
| 1. LOGOS Z GO INC. | , | | |
| (Corporation Name) | (Document #) | | (US) + 4. |
| Corporation Name (Corporation Name) (Corporation Name) | (Document #) (Document #) (Document #) (Document #) (Document #) | PROPERTY | ************************************** |
| (Corporation Name) | (Document #) | A. | - |
| ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait | Certified Copy Photocopy Certificate of Status | | - - |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name | AMENDMENTS Amendment Resignation of R.A., Officer/Director SECRETORIST Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION STATE Foreign Limited Partnership Reinstatement Trademark Other | FILED | |

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED 50 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORID LOGOS 2 GO,INC. (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.) (State or country under the law of which it is incorporated)

3. 56-2227758

(FFI pumplom 10. (Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual") Upon 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.) 265 LAGO CIRCLE #303 MELBOUNRE, FL 32904 (Principal office address) SAME (Current mailing address) LOGOS SALES & DESIGN COMPANY (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Larry Sisson Name: 218 Southern Country Lane Office Address: **QUINCY** (City) 10. Registered agent'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)

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. DIREC | ECTORS | |
|------------------|--|-------------|
| Chairman: | | |
| | | |
| | S. A. | क ति |
| — Vice Chairn | rman: | 12 O |
| Address: | | 5 |
| — Director | | |
| | | |
| Address: | | |
| — Director: | | |
| | | |
| _ | | ···· |
| B. OFFIC | ICERS | |
| President: _ | | |
| Address: | 15494 NORMANUEN 13503 ARDRY ENDLANE | |
| _ | HUNTERSVILLE, NC 28078 | |
| Vice Preside | dent: CONNIE HOPE | |
| Address: | 15104 NORMANVIEW | |
| _ | HUNTERSVILLE, NC 28078 | |
| Secretary: _ | - | |
| Address: | | |
| Treasurer: | | |
| Address: | | |
| NOTE: If | If necessary, you may attach an addendum to the application listing additional officers and/or directo | ers. |
| 13 | | |
| | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |) |
| 14 | CONNIE HOPE | |
| | (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 Caroling do bereby certify that

LOGOS 2 GO, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of December, 2000, 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 November, 2001.

Claire I. Marshall

Secretary of State