

FD3000006476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

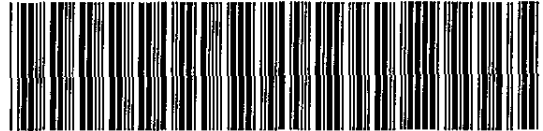
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03 DEC 31 AM 11:33  
STATE  
DIVISION OF CORPORATIONS  
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up

CT CORPORATION

December 31, 2003

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

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DIVISION OF CORPORATIONS  
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Re: Order #: 6008389 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

PMABI, Inc. (NC)  
Qualification  
Florida

PMABI, Inc. (NC)  
Obtain Document - Misc - Cert. Copy of Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PMABI, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Misty Davis

(Name of Person)

McGuireWoods LLP

(Firm/Company)

100 N. Tryon Street, Suite 2900

(Address)

Charlotte, North Carolina 28202

(City/State and Zip code)

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For further information concerning this matter, please call:

Misty Davis

(Name of Person)

at (704) 353.6224

(Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☒ \$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.*

1. PMABI, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 56-1616662  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 16, 1988 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 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.)

7. 5970 Fairview Road, Suite 712, Charlotte, North Carolina 28210  
(Principal office address)

Same as above  
(Current mailing address)

8. Collection Agency  
(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)

Name: C T Corporation System

Office Address: 1200 South 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 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.*

C T Corporation System

By:

Connie Bryan  
(Registered agent's signature)

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

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: Hardy Johnson

Address: 5970 Fairview Road, Suite 712, Charlotte, North Carolina 28210

Vice Chairman: Mallory Johnson

Address: 5970 Fairview Road, Suite 712, Charlotte, North Carolina 28210

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Hardy Johnson

Address: 5970 Fairview Road, Suite 712, Charlotte, North Carolina 28210

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Mallory Johnson

Address: 5970 Fairview Road, Suite 712, Charlotte, North Carolina 28210

Treasurer: Mallory Johnson

Address: 5970 Fairview Road, Suite 712, Charlotte, North Carolina 28210

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Hardy Johnson, President

(Typed or printed name and capacity of person signing application)

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State of 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

**PMABI, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of June, 1988, 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.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of December, 2003

*Elaine F. Marshall*  
Secretary of State