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TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	ons ·					
SUBJECT:	ORP. INC.					
	(Name of corporation - must include suffix)					
Dear Sir or Madam:	• !					
	Foreign Corporation for Authorization to Transact Business in Florida", check are submitted to register the above referenced foreign corporation to					
Please return all correspondence	ce concerning this matter to the following:					
Tom D. Ki	evit					
	(Name of Person)					
QRP, Inc.						
	(Firm/Company)					
2307 Merc	antile Drive N.E.					
	(Address)					
Leland,	NC 28451	7				
	(City/State and Zip code)	7/2				
	(City/State and Zip code)	7.7.				
For further information concern	ning this matter, please call:	کر انت				
Tom D. Kievit or	271 0700	Ç				
Mark Kelly	at (910) 371-0700	ي ج.				
(Name of Person)	at (910) 371-0700 (Area Code & Daytime Telephone Number)					
STREET ADDRESS:	MAILING ADDRESS:	.33				
Registration Section	Registration Section					
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327					
allahassee, FL 32399 Tallahassee, FL 32314						
Enclosed is a check for the follo	owing amount:					
3 \$70.00 Filing Fee \$7 \$7 C	8.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, ertificate of Status Certified Copy Certified Copy Certified Copy					

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

· _	_ ORP,	Inc.	' -!						<u> </u>	
	of corporation; "Corp," "Inc,"				TED," '	'COMPA	NY," "(CORPORATION	, ,	
2001, 2011,	O.17, 12-5,		JU-P.)							
(If name unav	ailable in Flor	ida, enter	alternate	corporate	name ad	opted for	the purp	ose of transacting	business in I	lorida)
No	rth Carc	olina			3	23	-2326	5572	-	
(State or coun	try under the la	w of which	ch it is in	corporated				I number, if appli	cable)	
	1998	=			5.	Per	petua	1		
(D	ate of incorpor	ration)	<u></u>		(1	Duration:	Year co	orp, will cease to	exist or "perp	etual")
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(Date first tran	sacted busines	s in Floria (SI	da. If cor EE SECT	poration h TONS 607	as not tra .1501, 60	insacted 1 07.1502 a	ousiness and 817.1	in Florida, insert 55, F.S.)	"upon qualifi	cation.")
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			(Cun	rent mailin	g addres	s)				
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Name and <u>s</u>	treet address	į of Flori	ida regi	tered ag	ent: (P.	O. Box o	or Mail l	Drop Box <u>NOT</u>	_acceptable)	AM
Name:	Jeff Ce	4 1	A	eedt	P	H				⊐ z
ffice Address	5310	Nu	<u>ت</u> ر	3rd	Ave	we,	Ste	101		7: 57
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aving ocen ni signated in ti	imeu as regis iis applicatio	n, I here	em ana i by accep	io accept of the app	olntmen	oj proce. U as regi	istered a	gent and agree	to act in thi	s capacii
rther agree to	comply with	the prov	visions a	f all statu	ıtes rela	tive to th	ie prope	r and complete	performanc	e of my a
id I am famil	ar with and o	iccept th	e obuga	tions of n	ny positi	on as re	gisterea	agent		
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		/ Skyfi	stojed ag	ent's signa	ature)			·	- ·	

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:	Kyle A.	Kievit					-		
Address:	2307 Mer	cantile	Drive	N.E.	Leland,	NC	28451		
	! 	<u> </u>	· -				,		
Vice Chairman:	None		·,,:==:			<u> </u>	<u> </u>		
Address:		\$						_	
Director:	None								
Address:		: :				<u>.</u>			
	None	-					· · · · · · · · · · · · · · · · · · ·		
Address:		· · · · · · · · · · · · · · · · · · ·				. E			
-				-					
B. OFFICERS									
President:	Tom D.	Kievit	<u></u>	<u> </u>		<u> </u>	·	_	<u> </u>
Address:	2307 Me	rcantile	Drive	N.E.	Leland,	NC	28451	<u>-</u>	<u> </u>
	•	= 1	<u></u>		:	<u> </u>	<u></u>	5 5	
Vice President:	None	<u></u>				:_	·	 	RY R
Address:		:=	<u>:</u> :-			_=		-3€ 	.3.2. .3.2.
		Z <u>a L</u>				<u> </u>	<u></u>	57	
Secretary:	Kyle A.	Kievit	. <u></u>	·· <u>·</u>		<u></u>	<u> </u>		
Address:	2307 Me	rcantile	Drive	N.E.	Leland,	ЙС	28451		
Treasurer:	Tom D.	Kievit	_ <u> **:</u>						
Address:	2307 Me	rcantile	Drive	N.E.	Leland,	NC	28451		
NOTE: If necessary	, you may attach at	n addendum y	the applic	ation listin	ng additional o	fficer	s and/or direc	etors.	
13(Sign	nature of Director of	or Officer lister	in numbe	r 12 of the	application)				
4.	Tom D. Ki								
· · ·	(Typed or print		apacity of	erson sig	ning application	on)			



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

ORP, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of June, 1998, 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, if applicable; 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 18th day of February, 2004.

6 laine I. Marshall

Secretary of State

