# F04000004510

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
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| (Ad                     | dress)            |           |
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| (Ad                     | dress)            |           |
| ,                       | u.030)            |           |
|                         | ···               |           |
| (Cit                    | y/State/Zip/Phone | : #)      |
| ☐ PICK-UP               | WAIT              | MAIL      |
|                         |                   |           |
| Æu                      | siness Entity Nan | ne)       |
| (Du                     | Jiness Enary Han  | (10)      |
|                         |                   |           |
| (Do                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
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Office Use Only



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### TRANSMITTAL LETTER

|        | TO:                | Registration Se<br>Division of Co |   |                 |                               |                          |   |               |                |
|--------|--------------------|-----------------------------------|---|-----------------|-------------------------------|--------------------------|---|---------------|----------------|
|        | SUBJ               | ECT: RA                           | DEMACHER  | L HON           | e work                        |                          |   |               |                |
|        |                    |                                   | (Name o   | of corporation  | - must include                | suffix)                  |   |               |                |
|        | Dear S             | Sir or Madam:                     |   |                 |                               |                          |   |               |                |
|        | "Certi             |                                   | tion by Foreign Corp<br>e," and check are surida. |                 |                               |                          |   |               |                |
|        | ~                  |                                   | pondence concerning<br>RADEMA                     |                 | o the following               | <b>;</b>                 |   |               |                |
|        |                    | MUL_ L.                           | DADEMY  | (Name of        | Person)                       | <del>_;</del>            | <del></del>                                     | <del></del>   |                |
|        | B                  | ADE MACH                          | ER HOME   | 41021           | ح ایما د                      |                          |   |               |                |
| BEFBAR |                    |                                   |   | (Firm/Con       | ipany)                        |                          | <u> </u>  |               |                |
| 9/1/04 | , 27               | 114 CREE                          | KAEN IN   | AFT             |                               | 606 Ma                   | GROGO   | A BL          | vo.            |
| - 4    |                    |                                   |   | (Addre          | ss)                           |                          |   | <u> </u>      | •              |
|        | CHF                | RLOTTE                            | NC 2821   | (City/State a   | FERNANC<br>nd Zip code)       | INA BE                   | ACH, FL   | <u>. 3z</u> o | 34             |
|        | For fu             | rther information                 | concerning this ma                                | tter, please ca | H:                            |                          |   |               |                |
|        | <b>D</b> A.        | . 2                               | ـ سکسدد د مد                                      | . 704           | × 571 -                       | 2791                     |   | -             | <del></del> -, |
|        | TH                 | (Name of Per                      |   | (Area C         | ) 576 - 1<br>ode & Daytime    | Telephone N              | lumber)   | <del>-</del>  | <u>-</u> .     |
|        |                    |                                   |   | •               |                               |                          |   |               | <del>, 5</del> |
|        |                    | STREET AD                         | DRESS:  |                 | MAIL                          | ING ADDR                 | ESS:  |               |                |
|        |                    | Registration S                    |   |                 |                               | tration Section          |   |               |                |
|        |                    | Division of Co<br>409 E. Gaines   | = -   |                 |                               | on of Corpor<br>30x 6327 | anons –   |               | <del>-</del>   |
|        |                    | Tallahassee, F                    |   |                 |                               | assee, FL 32             | 2314  | 3             | •              |
|        | Enclo              | sed is a check fo                 | r the following amou                              | int:            |                               |                          |   |               |                |
|        | ☐.\$7 <sup>6</sup> | 0.00 Filing Fee                   | S78.75 Filing Certificate of                      |                 | \$78.75 Filing Certified Copy |                          | \$87.50 Filing<br>Certificate o<br>Certified Co | f Status &    | :              |

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

WORK

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.

DADEMACHER

| (If name unav                                  | ailable in Florida, enter  | alternate corporat  | te name ac  | dopted for th             | e purpose of tra              | nsacting busin   | ness in F              | orida)         | <del>-</del> .  |
|--|--|---|---|---------------------------|-------------------------------|------------------|------------------------|----------------|---|
| 2. NORTH                                       | CAROLINA   |   | 3.  | 56-2                      | 22482                         | 3                |                        |                |   |
|  | ry under the law of whi  | ich it is incorporat  | ed)   |                           | (FEI number,                  | if applicable    | )                      |                | _   |
| 4. DECEM                                       | BER 4, 2000  | >   | 5.  | PELT                      | STURL                         |                  |                        |                |   |
| (D   | ate of incorporation)  |   |   | Duration: Y               | ear corp. will c              | ease to exist o  | or "perpe              | tual")         | _   |
| 6. N/  | Ą  |   |   |                           | :                             |                  | •                      |                |   |
|  |  | first transacted bu   |   |                           |                               |                  | · ·                    |                | _   |
|  | (SEE SECT  | TIONS 607.1501 &  | è 607.150   | 2, F.S., to de            | termine penalty               | liability)       | ~ .l ~                 |                |   |
| 7. 2716  | CREEKBED   | Ld. C.  | HARL  | ATTE                      | NCZ                           | •                | ONT                    | )<br>()        | \   |
|  |  | (Principal of   |   |                           |                               | _                | <del>, , , , , ,</del> | <del>5 7</del> | J   |
|  |  |   |   |                           | 1                             | <b>/</b> ₹'      | . م. دستورگاه ۱        |                |   |
| 2-3-14   | - 4 5 5  | . 1 .   |   |                           |                               | _                | MTIC                   | •              | )   |
| 2716   | CREEKBEO   | Current mail  | HARLO   | ताट ,                     | c 28                          | 210              | 9/1/                   | ٥ <u>५</u>     | )   |
| 2716<br>FIER 9/1/                              | CREEKBEO<br>04: 2606 MC  | Current mail  | HARLO<br>ling addre   | SS) FERN                  | IC 28                         | 210 ( )<br>85ACH | 9/1/<br>FL             | نود<br>32      | )<br>2031   |
|  | CREEK BEO<br>04: 2606 Mc   |   |   |                           |                               | 210 ( )          | 9/1/<br>FL             | 3 Z            | .03   |
| 8. RESID                                       | entire \$  | COMMER  | CIAL  | CONS                      | TRUCTION                      | 210 ( )<br>98ACH | 9/1/<br>FL             | 3 z            | -<br>   |
| 8. RESIO                                       | e(s) of corporation auth   | COMMEN<br>norized in home sta                               | CIAL<br>ate or cou  | ntry to be car            | ried out in state             | 210 ( )<br>98ACH | 9/1/<br>FL             | 3 z            | )<br>1031<br>- :  |
| 8. RESIO                                       | entire \$  | COMMEN<br>norized in home sta                               | CIAL<br>ate or cou  | ntry to be car            | ried out in state             | 210 ( )<br>98ACH | 9/1/<br>, FL           | 32             | )<br>1031<br>-  |
| 8. <u>RES 10</u> (Purpos 9. Name and <u>st</u> | e(s) of corporation authoreet address of Florid                    | CoMMEX.<br>norized in home start<br>a registered agen       | ate or count: (P.O.   | ntry to be car<br>Box NOT | ried out in state             | 210 ( )<br>98ACH | 9/1/<br>,FL            | 3z             | )<br>- 0<br>- 0<br>- 0<br>- 0<br>- 0<br>- 0<br>- 0<br>- 0<br>- 0<br>- 0 |
| 8. RESIO                                       | e(s) of corporation authoreet address of Florid                    | COMMEN<br>norized in home sta                               | ate or count: (P.O.   | ntry to be car<br>Box NOT | ried out in state             | 210 ( )<br>98ACH | 9/1/<br>,FL            | 3z             | )<br>(2)<br>(3)<br>(4)<br>(5)   |
| 8. <u>RES 10</u> (Purpos 9. Name and <u>st</u> | e(s) of corporation authoreet address of Florida  PAUL L.          | CoMMEN<br>norized in home sta<br>a registered agen          | cial attention of the cite of | ntry to be can Box NOT    | ried out in state             | 210 ( )<br>98ACH | 9/1/<br>FL             | 32             | 0.00  |
| 8. <u>RES 10</u> (Purpos 9. Name and <u>st</u> | e(s) of corporation authoreet address of Florida  PAUL L.  2606 M. | LOMMEN<br>norized in home sta<br>a registered agen<br>ANDEN | cial Late or country (P.O.  | Box NOT                   | ried out in state acceptable) | 210 ( )<br>98ACH | 9/1/<br>PL             | 32             | )   |
| 8. <u>RES 10</u> (Purpos 9. Name and <u>st</u> | e(s) of corporation authoreet address of Florid                    | LOMMEN<br>norized in home sta<br>a registered agen<br>ANDEN | cial Late or country (P.O.  | Box NOT                   | ried out in state acceptable) | 210 ( )<br>98ACH | 9/1/<br>FL             | 3 Z            | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )                                 |

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.

Paul of 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. DIRECTORS   | :                                     |              |                                       |               |                                       |               |
|--|---------------------------------------|--------------|---------------------------------------|---------------|---------------------------------------|---------------|
| Chairman:  |                                       |              |                                       |               |                                       |               |
| Address:   |                                       |              |                                       | - ·           |                                       |               |
|  | •                                     |              | ***                                   |               |                                       | * :           |
| Vice Chairman:   |                                       | - 🖳          | · · · · · · · · · · · · · · · · · · · |               |                                       | <del></del>   |
| Address:   |                                       |              |                                       |               | ,                                     |               |
|  | • • • • • • • • • • • • • • • • • • • |              | `                                     |               | · · · · · · · · · · · · · · · · · · · | _             |
| Director:  | \$*.                                  |              |                                       |               |                                       |               |
| Address:   |                                       | Fair. N. A   | المستدانية.                           |               |                                       |               |
|  |                                       |              |                                       | <del></del>   |                                       | ·             |
| Director:  |                                       | 4 - 1        | de san                                |               | -                                     | <del></del>   |
| Address:   | <u> </u>                              | #****        | · · ·                                 |               |                                       | <del></del> ; |
|  |                                       | - r·         |                                       |               |                                       |               |
| B. OFFICERS  | 1.                                    |              | , 3                                   |               |                                       |               |
|  | :                                     |              |                                       |               |                                       |               |
| President: PAUL L. RNOBM Ketter  | <u> </u>                              | <del></del>  | · .                                   | /UNT          | 74                                    | <u> </u>      |
| Address: 2716 CREEK BED HANE, CHARLO   | TIE, N                                | C 28         | 210                                   | 4/1           | 104                                   |               |
| 2606 McGREGOR BLUD, FERNAN   | DINA 2                                | BACH, I      | 34 3                                  | 2034          | درم                                   | 11/04         |
| Vice President:  |                                       |              |                                       | - <del></del> | <del></del>                           |               |
| Address:   |                                       |              |                                       | <u>.</u>      | -                                     | <del></del>   |
| ·  | :<br>                                 |              |                                       |               | - <u>-</u> -                          |               |
| Secretary:   |                                       | <del> </del> |                                       | 73:           | <u> </u>                              | 3             |
| Address:   |                                       | ·            |                                       | <u> </u>      |                                       |               |
| Treasurer:   | · · · · · · · · ·                     | <u> </u>     |                                       |               | -55                                   |               |
| Address:   |                                       | ··-          |                                       |               | ·<br>                                 |               |
|  | •                                     | •            | · Charles                             |               |                                       |               |
|  |                                       |              |                                       |               |                                       |               |
| NOTE: If necessary, you may attach an addendum to the application I  | isting additi                         | onal officer | s and/or                              | directors     | •                                     |               |
| 13. Paux of Rademana   | :                                     |              | s and/or                              | directors     | •                                     |               |
| NOTE: If necessary, you may attach an addendum to the application I  13.   (Signature of Director or Officer listed in number  14.   PRUL L. PROEMACHER PRES.  (Typed or printed name and capacity of person | er 12 of the a                        | application) | s and/or                              | directors     | ·•                                    |               |



# 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

#### RADEMACHER HOME WORK, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 4th 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, 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 28th day of July, 2004.

6 laine I. Marshall Secretary of State



## State of North Carolina Department of The Secretary of State

Invoice Number: 6049616

Invoice Date: 7/28/2004 8:50 AM

Printing Date: 07/28/2004

#### Billing Information

Address:

Rademacher Home Work, Inc. 2716 Creekbed Lane Charlotte, NC 28210

Account Type:

Payment upon Delivery

#### Invoiced Items

| Product Description  | Certification<br>Number | Order Date | Qty | Pages | Item<br>Cost | Sub<br>Total | Amount<br>Due |
|--|-------------------------|------------|-----|-------|--------------|--------------|---------------|
| Cert Exist - ExistenceNo Description<br>Available Re: Rademacher Home Work, Inc.<br>Business Corporation<br>Contact: Paul Rademacher | 80912587                | 07/28/2004 | 1   | 1     | 15.00        | 15.00        | \$15.00       |
| Contact(s): Paul Rademacher<br>Ship Vis: Non specified   |                         |            |     | ,     | Amount Du    | e:           | \$15.00       |

#### Make check payable to:

Include invoice number on all remittance and send to:

NC Secretary of State

Secretary of State Cash Management PO Box 29622 Raleigh, NC 27626

To discuss payment call:

To discuss items ordered call:

Cash Management (919) 807-2017

Orders Section (919) 807-2056

#### Due Invoices (less than 30 days old)

| <u>Invoice</u> | <u>Filled</u> | <u>Amount</u> |   |        |         |
|----------------|---------------|---------------|---|--------|---------|
| 6049616        | 7/28/2004     | \$15.00       | ; | Total: | \$15.00 |

#### Past Due Invoices (over 30 days)

#### There aren't any Past Due Invoices

Notice: This invoice is due and payable no later than 30 days from 7/28/2004. Failure to pay the entire invoice within the time described will result in an interest charge of 5% per day until the invoice is paid, as mandated by G.S. 147-86.23. An additional 10% penalty for late payment shall also be due on invoices not paid within 30

There will be a \$25.00 processing fee for all returned checks.

7/28/2004 8:50:50 AM By Carwin Milhy