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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

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**TO:** Registration Section  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Thunder Disaster Services, 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:

Camala J. Ferguson

(Name of Person)

Thunder Disaster Services, Inc.

(Firm/Company)

317 Camp Branch Rd.

(Address)

Clyde, NC 28721

(City/State and Zip code)

For further information concerning this matter, please call:

Camala J. Ferguson

(Name of Person)

at ( 828 ) 627-9020

(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

FILED

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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Thunder Disaster Services, 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

(State or country under the law of which it is incorporated)

3. 37-1463334

(FEI number, if applicable)

4. April 7, 2003

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 317 Camp Branch Rd., Clyde, NC 28721

(Principal office address)

317 Camp Branch Rd., Clyde, NC 28721

(Current mailing address)

8. Disaster Recovery Services

(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 NOT acceptable)

Name: Robert Glenn

Office Address: 8065 Colle Cove Rd.

St. Augustine

(City)

\_\_\_\_\_, Florida 32092

(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.*

Robert Glenn

(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: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: Phil J. Ferguson, Jr.

Address: 317 Camp Branch Rd.

Clyde, NC 28721

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

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

Secretary: Camala J. Ferguson

Address: 317 Camp Branch Rd., Clyde, NC 28721

Treasurer: Camala J. Ferguson

Address: 317 Camp Branch Rd., Clyde, NC 28721

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

13. Camala J. Ferguson  
(Signature of Director or Officer listed in number 12 of the application)

14. Camala J. Ferguson  
(Typed or printed name and capacity of person signing application)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# State of North Carolina

## Department of The Secretary of State

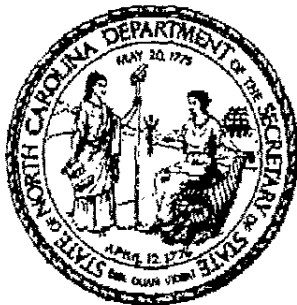
### CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

#### **THUNDER DISASTER SERVICES, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of April, 2003, with its period of duration being .

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 16th day of August, 2004.

*Elaine F. Marshall*

Secretary of State