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(Re	questor's Name)	
(Ad	ldress)	
(Ac	(dress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	New Filing Division o	g Section f Corporations				
SUBJI	r <i>ር</i> ጕ•	HTCFC,	Inc.			
50,00	LC1	<u> </u>	(Name of corpo	ration - must i	nclude suffix)
Dear Si	ir or Madan	1:				
"Certifi		stence," and che				act Business in Florida," need foreign corporation to
Please i	return all co	orrespondence c	oncerning this m	atter to the foll	lowing:	
Beth	n S. Tr	aynham				
			(Nan	ne of Person)		
Hug	hes Pi	ttman & (aupton, Li	_P		
				ı/Company)		
150	0 Sund	łay Drive	Suite 300	00		
			(,	Address)		
Rale	eigh, N	C 27607				
			(City/S	tate and Zip co	ode)	
For furt	ther inform	ation concerning	g this matter, plea	ase call:		
Beth	n S. Tra	aynham	at (91	19 , 787	'-9765	
	(Name of		&. (A	rea Code & Da	aytime Teleph	none Number)
	New Filing Division of Clifton But 2661 Exec	f Corporations			MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 27
Enclose	ed is a chec	k for the follow	ng amount:			
\$70.0	00 Filing Fe		Filing Fee & ficate of Status	\$78.75 F Certified	iling Fee & d 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.

(11 Hanne amayan	lable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Fl	lorida)
	orth Carolina 3. 20-0332966		
•	under the law of which it is incorporated)	(FEI number, if applicable)	
_{4.} <u>10/21/20</u>)03	s. Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpe	tual'')
6. N/A			
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
_{7.} 860 Avia	ation Parkway, Suite 300	Morrisville, NC 27560	
	(Principal office ac	ddress)	
_860 Avi	ation Parkway, Suite 30	0 Morrisville, NC 27560	
	(Current mailing a	ddress)	750 ~
	•		<u> </u>
· · — — — —	onal Sports Team		ECRET
· · — — — —		country to be carried out in state of Florida)	SECRETIARY ALLAHASSE
(Purpose(onal Sports Team	country to be carried out in state of Florida) O. Box NOT acceptable)	NECRETIARY OF ALLAHASSEE, F
(Purpose(onal Sports Team (s) of corporation authorized in home state or	country to be carried out in state of Florida) O. Box NOT acceptable)	AY OF STA
(Purpose) 9. Name and stree Name:	onal Sports Team s) of corporation authorized in home state or eet address of Florida registered agent: (P	country to be carried out in state of Florida) O.O. Box NOT acceptable)	RY OF S SSEE, FI
(Purpose) 9. Name and stre	onal Sports Team s) of corporation authorized in home state or et address of Florida registered agent: (P Rob Katz	country to be carried out in state of Florida) P.O. Box NOT acceptable) , Florida 33327	AY OF STA

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. DIRECTORS			
Chairman:		···	
Address:			_
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Vice Chairman:	- ECRE	1006 H	
Address:		MAR 20	=
	<u> </u>		m
Director:	- 88	66 	
Address:	DE T	£	
			-
Director:	<u> </u>		
Address:			
B. OFFICERS			_
President: Robert F. Young			<u>-</u> -
Address: 860 Aviation Parkway, Suite 300			
Morrisville, NC 27560			
Vice President:	- ,		
Address:			<u>-</u>
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors	3.	
13. (Signature of Director or Officer lights in number 12 of the application)	 		
Pohort E Voluna			
(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 Carolina, do hereby certify that

HTCFC, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 21st day of October, 2003, 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.

SECRETARY OF STATE



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of January, 2006.

Elaine I. Marshall

Secretary of State