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COVER LETTER

TO:	O: New Filing Section Division of Corporations									
SUBJI	ecr.	Bow	man Enterprise	es, In	c.					
SCDOI	LCI.					include suffix	x)			
Dear Si	ir or Ma	adam:								
	icate of	Exister	nce," and check are su				act Business in Florida," enced foreign corporation to			
Please r	return a	ıll corre	spondence concerning	g this m	atter to the fo	ollowing:				
Pam	ela F	Rayno	or							
				(Nan	ne of Person)					
Bowr	man	Enter	rprises, Inc.							
				(Firn	n/Company)					
PO B	30x 4	27, 4	102 West Marti	n Str	eet					
				(.	Address)					
Bens	on, l	NC 27	7504							
			!	(City/S	tate and Zip o	code)				
For furt	ther inf	ormatio	n concerning this mat	ter, ple:	ase call:					
Chris	Kall	enbe	rger a	t (90	04 , 669	9-9736				
	(Nam	e of Per				Daytime Telep	hone Number)			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclose	ed is a c	check fo	or the following amou	nt:						
√]\$70.0	00 Filir	ıg Fee	\$78.75 Filing F Certificate of			Filing Fee & ed 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. Bowman I	Enterprises, Inc.							
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ΈD,	" "COMPANY," "CORPORATION,"					
, co., c	orp, inc, co, or corp.)		T					
LSOWN	un thrupises		LNC. NC					
(If name unavails	able in Florida, enter alternate corporate n		adopted for the purpose of transacting business in Flori	da)				
2. North Carolina			_{3.} <u>56-1038919</u>					
•	under the law of which it is incorporated)		(FEI number, if applicable)					
4. April 27, 1	973	5.	Perpetual					
4. April 27, 1973 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpe								
6	(D. (C.)		20 11 10 11 11					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)					
₇ 402 West	Martin Street, Benson, NC	2	7 504					
	(Principal office							
PO Box 42	27, Benson, NC 27504			_				
	(Current mailing	add	ress)					
Archiving	services (microfilm and di	aite	el images)					
8. Archiving services (microfilm and digital images) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)								
` ' `	•		美術 黃					
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)								
Name:	Chris Kallenberger							
Office Address:	30 Beacon Street			D				
	St. Augustine,		, Florida 32084 87 8					
	(City)		(Zip code)					
Having been nam designated in this further agree to co	application, I hereby accept the appo	intn es r	ce of process for the above stated corporation at t nent as registered agent and agree to act in this co elative to the proper and complete performance o sition as registered agent.	apacity. I				
	0 1/4 -							

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Worth Bowman Address: PO Box 427, 402 West Martin Street Benson, NC 27504 Vice Chairman: Billy Murphy Address: PO Box 427, 402 West Martin Street B. OFFICERS President: Worth Bowman Address: PO Box 427, 402 West Martin Street Benson, NC 27504 Vice President: Billy Murphy Address: PO Box 427, 402 West Martin Street Benson, NC 27504 Secretary: Kitty Thompson Address: PO Box 427, 402 West Martin Street, Benson, NC 27504 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Worth Bowman an Digital signed by Work Bowman, 0 = US, 0 = Bowman Digital Co. P. Co. 14. Worth Bowman-President

(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

BOWMAN ENTERPRISES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of April, 1973, 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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of June, 2007

Secretary of State

6 laine I Marshall

Certification# 86841175-1 Reference# 8684917-cs Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification