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| Special Instructions to F | iling Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OS.IIIN IS PHIL:

mRD18

28-27818

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|--|
| SUBJECT: OTS Corporation | |
| | ion - must include suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida. | |
| Please return all correspondence concerning this matter | er to the following: |
| Terry A. Pansiera | |
| (Name o | of Person) |
| OTS Corporation | |
| | Company) |
| 220 Merrimon Avenue | |
| (Ad | dress) |
| Weaverville, NC 28787 | |
| (City/State | e and Zip code) |
| For further information concerning this matter, please Terry A. Pansiera at (828) | |
| | a Code & Daytime Telephone 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 |
| Enclosed is a check for the following amount: | |
| \$70.00 Filing Fee \$\sqrt{2}\$ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2008

TERRY A PANSIERA OTS CORPORATION 220 MERRIMON AVENUE WEAVERVILLE, NC 28787

SUBJECT: OTS CORPORATION Ref. Number: W08000027818

We have received your document for OTS CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 908A00035282

BO -8 KW 81 NNF 86

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. OTS Corp | oration | | | | |
|--|--|------|--|-------------------|-----------|
| | orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.") | ΞD, | " "COMPANY," "CORPORATION," | | |
| OTS USA, | INC. | | | · | |
| (If name unavaila | able in Florida, enter alternate corporate na | me | adopted for the purpose of transacting bus | iness in Florida) | |
| 2. North Carolina | | 3 | 20-5176646 | | |
| (State or country under the law of which it is incorporated) | | | (FEI number, if applicable) | | |
| 4. June 15, 2 | 2006 | 5. | Perpetual | | |
| | of incorporation) | | (Duration: Year corp. will cease to exist | or "perpetual") | |
| _{6.} June 1, 20 | 008 | | | | |
| <u> </u> | (Date first transacted busines | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | |
| 7. 220 Merrin | non Avenue, Weaverville, l | | | | |
| | (Principal office a | | , | | |
| 220 Merrin | non Avenue, Weaverville, l | | | | |
| | (Current mailing | add | ress) | | |
| 8. Any lawful | | | | | |
| (Purpose(s |) of corporation authorized in home state o | r co | ountry to be carried out in state of Florida) | -4 | |
| 9. Name and stree | et address of Florida registered agent: (| P.C | D. Box NOT acceptable) |)8 J | |
| Name: | David Stubbers | | | JUN 18 | PROPERTY. |
| Office Address: | 301 21st Street East | | | (0.00 | i TTE |
| | Bradenton | | , Florida 34208 | PH 1: 19 | |
| | (City) | | (Zip code) | 器 9 | |
| | gent's acceptance: | | as of process for the above stated co- | P | daca |

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: Timothy T. Pansiera |
| Address: 220 Merrimon Avenue |
| Weaverville, NC 28787 |
| Vice Chairman: Joy C. Pansiera |
| Address: 220 Merrimon Avenue |
| Weaverville, NC 28787 |
| Director: Terry A. Pansiera |
| Address: 220 Merrimon Avenue |
| Weaverville, NC 28787 |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Timothy T. Pansiera |
| Address: 220 Merrimon Avenue |
| Weaverville, NC 28787 |
| Vice President: Richard Anderson |
| Address: 220 Merrimon Avenue |
| Weaverville, NC 28787 |
| Secretary: Terry A. Pansiera |
| Address: 220 Merrimon Avenue, Weaverville, NC 28787 |
| Treasurer: Joy C. Pansiera |
| Address: 220 Merrimon Avenue, Weaverville, NC 28787 |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| (Signature of Director or Officer listed in number 12 of the application) |
| Torny A. Donoioro, Socretory |
| (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

OTS CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of June, 2006, 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 28th day of May, 2008

Secretary of State

Glaine I. Marshall

Certification# 88086678-1 Reference# 9206943- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification