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CP 8/17/09

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Modular Solutions, 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:

Alice S. Rouse

Name of Person

Modular Solutions, Inc.

Firm/Company

PO Box 6115

Address

Kinston, NC 28501

City/State and Zip code

alice@modularsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice S. Rouse

Name of Person

at ( 252 ) 526-0000

Area 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    ☒ \$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**

*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. Modular Solutions, 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 3. 56-2255158  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 1, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. No business transacted to date  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2488 Old Poole Rd. Kinston, NC 28501  
(Principal office address)

PO Box 6115 Kinston, NC 28501  
(Current mailing address)

8. Retail sale/lease of commercial modular office buildings  
(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)

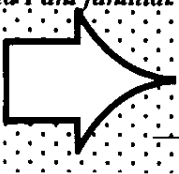
Name: David S. Brown

Office Address: 6015 Morrow St. East Suite 109.

Jacksonville, Florida 32217  
(City) (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.*



David Brown  
(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.

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**SIGN  
HERE**

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Alice S. Rouse

Address: PO Box 6115  
Kinston, NC 28501

Vice Chairman: Eric S. Rouse

Address: PO Box 6115  
Kinston, NC 28501

Director: William H. Rouse

Address: PO Box 6115  
Kinston, NC 28501

Director: Richard W. Rouse

Address: PO Box 6115  
Kinston, NC 28501

**B. OFFICERS**

President: Alice S. Rouse

Address: PO Box 6115  
Kinston, NC 28501

Vice President: Eric S. Rouse

Address: PO Box 6115  
Kinston, NC 28501

Secretary: Eric S. Rouse

Address: PO Box 6115 Kinston, NC 28501

Treasurer: Eric S. Rouse

Address: PO Box 6115 Kinston, NC 28501

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

13. Alice S. Rouse  
(Signature of Director or Officer listed in number 12 of the application)

14. Alice S. Rouse, President  
(Typed or printed name and capacity of person signing application)

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# 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

#### **MODULAR SOLUTIONS, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of May, 2001, 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.

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TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of May, 2009

*Elaine F. Marshall*

Secretary of State