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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

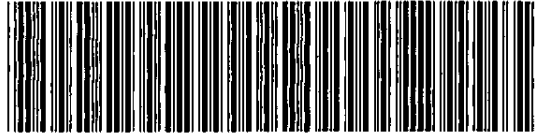
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DIVISION OF CORPORATION

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE MANUAL WOODWORKERS AND WEAVERS, 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:

WAYNE HENDRIX
(Name of Person)

THE MANUAL WOODWORKERS AND WEAVERS, INC.
(Firm/Company)

3737 HOWARD GAP ROAD
(Address)

HENDRIXVILLE, N.C. 28192
(City/State and Zip code)

For further information concerning this matter, please call:

WAYNE HENDRIX at (828) 692-1333 EXT 2251
(Name of Person) (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

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**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. The Manual Woodworkers and Weavers, 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. 56-1192222
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 3, 1978 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

* 6. FEBRUARY 4, 2002
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____
(Principal office address)

3737 HOWARD GAP ROAD, HEWITSONVILLE, NC 28192
(Current mailing address)

8. SALES OF HOME FURNISHINGS
(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)

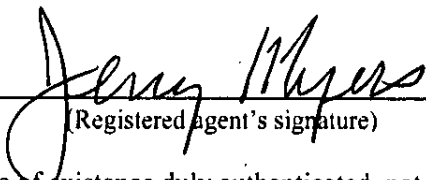
Name: JERRY MYERS

Office Address: 4688 MANDERLY DR.

WELLINGTON, Florida 33449
(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.


(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:

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TALLAHASSEE, FLORIDA

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A. DIRECTORS

^{Co}
Chairman: TRAVIS L OATES

Address: 3737 Howard Gap Road
Hendersonville, NC 28192

^{Co}
Vice Chairman: Molly D. Sherrell

Address: 3737 Howard Gap Road
Hendersonville, NC 28192

Director: C. LEMUEL OATES

Address: 3737 Howard Gap Rd
Hendersonville, NC 28192

Director: SPENCER T. OATES

Address: 3737 Howard Gap Rd
Hendersonville, NC. 28192

B. OFFICERS

^{Co}
President: TRAVIS L OATES

Address: _____

^{Co}
Vice President: Molly D. Sherrell

Address: _____

Secretary: JAMES B. CLARKE

Address: 621 GEORGETOWN DRIVE NW, CUNEO, NC 28027

Treasurer: JAMES B. CLARKE

Address: _____

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

13. James G. Clarke
(Signature of Director or Officer listed in number 12 of the application)

14. JAMES G. CLARKE, SECRETARY / TREASURER
(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

THE MANUAL WOODWORKERS AND WEAVERS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of January, 1978, 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 17th day of November, 2009.

Elaine F. Marshall

Secretary of State

