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(Req	uestor's Name)				
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BECRETARY OF STATE

DEC - 4 2009 D. A. WHITE

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COVER LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: New Filing Section Division of Corporations

SUBJECT: FCM Services 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," or "Certificate of Good Standing" 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:

David Ryan Fredrick	
Name of Person	
FCM Services Inc	
Firm/Company	
6334 Cephis Dr	
Address	
Clemmons, NC 27012	
City/State and Zip code	
admin@fcm-services.com	h
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	/
Vicki Hufstetler at (336) 499-2537	_
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

Enc	loced	ic a	check	for the	following	amounts
r nc.	iosea	is a	спеск	ior the	Jollowing	amount

J	\$70.00 Filing Fee	□ \$/8./5 Filing Fee &
		Certificate of Statu

□ \$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. FUN Services				
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"	
FCM Incorpora	ited			
(If name unavaila	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Floric	la)
2. North Carolina		3.	20-8151476	
	under the law of which it is incorporated)		(FEI number, if application)	1
4. January 18th 2	2007	5	Perpetual LC PC	
	of incorporation)	٠,	(Duration: Year corp. will cease to exist or perpetual	<u>")</u>
К				. '
6.	(Date first transacted busine	ess i	n Florida, if prior to registration)	<u>ト</u>
	(SEE SECTIONS 607.1501 & 60	7.1	502, F.S., to determine penalty liability)	it U
7. 6334 Cephis Dr	Clemmons, NC 27012		ि त्ते	
	(Principal office	ado	dress)	—
FCM Services l	nc			
	(Current mailing	ado	fress)	_
	ervice and installation			
(Purpose(s) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: ((P.	D. Box NOT acceptable)	
Name:	Steve L Raucci			
Office Address:	1131 SW 29th St			
	Ft Lauderdale		, Florida <u>33315</u>	
	(City)		(Zip code)	
Having been nam designated in this further agree to co	application, I hereby accept the appoint	inti es i	ice of process for the above stated corporation at the ment as registered agent and agree to act in this ca relative to the proper and complete performance of osition as registered agent.	pacity. I
	(Registered agent's signatu	ure)	

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: FILED A. DIRECTORS Chairman: David Ryan Fredrick 2009 DEC - 3 P 12: 51 Address: 6334 Cephis Dr SECRETARY OF STATE
TALLAHASSEE, FLORIDA Clemmons, NC 27012 Vice Chairman: Address: ____ **B. OFFICERS** President: David Ryan Fredrick Address: 6334 Cephis Dr Clemmons, NC 27012 Vice President: Address: ___ Secretary: Vicki Hufstetler Address: 6334 Cephis Dr Clemmons, NC 27012 Treasurer: David Ryan Fredrick Address: 6334 Cephis Dr Clemmons, NC 27012

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

13.

(Signature of Director or Officer listed in number 12 of the application)

14. David Ryan Fredrick / 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

FCM SERVICES INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of January, 2007, 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.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of November, 2009.



6 laine I. Marshall

Secretary of State