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COVER LETTER

| | New Filing Section Division of Corporations | | | | | | |
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| SUBJECT: | Struct | ural Solutions of I | North Carolina, Inc | | | | |
| | | | ation - must include suffix | | | | |
| Dear Sir or Ma | adam: | | | | | | |
| "Certificate of | Existence | | for Authorization to Transac Standing" and check are sub- siness in Florida. | | | | |
| Please return a | ıll corresp | ondence concerning this ma | atter to the following: | | | | |
| Thomas L | Shelr | merdine | | | | | |
| | | Name | e of Person | | | | |
| Structura | ıl Solut | ions, P.A. | | | | | |
| | | Firm/0 | Company | | | | |
| 5921-G V | Nest F | riendly Ave | | | | | |
| | | A | ddress | | | | |
| Greensbo | ro, NC | 27410 | | | | | |
| | | City/Sta | te and Zip code | | | | |
| tom@sspa | .biz | | | | | | |
| | | E-mail address: (to be us | sed for future annual report n | otification) | | | |
| For further info | ormation o | concerning this matter, plea | se call: | | | | |
| Thomas L | . Sheln | nerdine at (336 | 856-2686 | | | | |
| Name | of Person | | rea Code & Daytime Telepho | one Number | | | |
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| New F Divisio Clifton 2661 E Tallaha | filing Section of Corp in Building Executive (assee, FL | oorations Center Circle | MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI | ction rporations | | | |
| \$70.00 Fil | | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2010

SECRETARIAN OCT 27 2010
STRUCTURAL SOLUTIONS, P.A.

THOMAS L SHELMERDINE 5921 G WEST FRIENDLY AVE GREENSBORO, NC 27410

SUBJECT: STRUCTURAL SOLUTIONS OF NORTH CAROLINA, INC.

Ref. Number: W10000049853

We have received your document for STRUCTURAL SOLUTIONS OF NORTH CAROLINA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 510A00025061



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | · · · · · · · · · · · · · · · · · · · | | TUTES, THE FOLLOWING IS SUBMITTED TO |) | |
|--|---|--------|--|-------------|--|
| | REIGN CORPORATION TO TRANSACT | | | 22 | |
| | lutions of North Carolina, Inc. Stru | | | | |
| | corporation; must include "INCORPORATE | D," " | COMPANY," "CORPORATION," | 100 | |
| шс., со., с | .огр, т.с., со, от согр.) | | | <u> </u> | |
| 6 Lough | rural Solutions of Nort | 1, | Paralias Tas | | |
| (If name unavail | able in Florida enter alternate corporate nam | ne ado | pted for the purpose of transacting business in Florig | a) ₩ | |
| • | · | | | | |
| 2. North Carolina (State or country under the law of which it is incorporated) | | | , 00 100100 2 | | |
| ` • | under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 4. 7/26/1994 | | | 5. Perpetual | | |
| (Date | e of incorporation) | (I | uration: Year corp. will cease to exist or "perpetual | ") | |
| 6. October 201 | 10 | | | | |
| | (Date first transacted business (SEE SECTIONS 607.1501 & 607. | | | | |
| 5004 0 144 | | | | | |
| 7. 5921-G WE | est Friendly Ave, Greensboro (Principal office ad | | | | |
| 5004 0 144 | ` ' | | | | |
| 5921-G W | est Friendly Ave, Greensbo | | | | |
| | (Current mailing ac | idress |) | | |
| 。Profession | al Engineering | | | | |
| | s) of corporation authorized in home state or | count | y to be carried out in state of Florida) | | |
| O Mana and start | | 0 D | NOT | | |
| 9. Name and stree | et address of Florida registered agent: (P. | .O. B | ox NOT acceptable) | | |
| Name: | Paracorp Incorporated | | _ | | |
| Office Address: | 236 East 6th Avenue | | _ | | |
| | Tallahassee | | , Florida 32303 | | |
| | (City) | | (Zip code) | | |
| 10. Registered as | zent'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.

See affached Consent Form
(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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

2010 NOV -1 PM 2: 50
SICKESHAY OF STATE
TALLARIASSEE STORMA

DATE: 10/8/2010

ENTITY NAME: STRUCTURAL SOLUTIONS OF NORTH CAROLINA, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Barbara Geiger, Secretary Paracorp Incorporated

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Thomas L. Shelmerdine Address: 5921-G West Friendly Ave, Greensboro, NC 27410 Vice Chairman: Address: Address: Director: **B. OFFICERS** President: Thomas L. Shelmerdine Address: 5921-G West Friendly Ave, Greensboro, NC 27410 Vice President: Secretary: Janice M. Shelmerdine Address: 5921-G West Friendly Ave, Greensboro, NC 27410 Treasurer: Address: **NOTE:** If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Thomas L. Shelmerdine



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

STRUCTURAL SOLUTIONS, P.A.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of July, 1994, with its period of duration being Perpetual.

I FURTHER certify that 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 the said corporation's certificate of registration is not suspended or revoked by their licensing board; 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 8th day of October, 2010.

Secretary of State

Elaine S. Marshall