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SECRETARY OF STATE
TALL AHASSEF FLORIS

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COVER LETTER

TO: New Filing Division of	Section Corporations			
	I Hopper CPA P	С		
			n - must include suff	ix
Dear Sir or Madam:				
"Certificate of Exist		Good Sta	nding" and check are	ansact Business in Florida," submitted to register the
Please return all cor	respondence concerning	this matte	er to the following:	
Will Hopper				
		Name of	f Person	
Will Hopper	CPA PC			
		Firm/Co	mpany	
495 Raven F	Rock Drive			
	<u> </u>	Add	ress	
Waynesville N	IC 28786			•
,		itv/State	and Zip code	
willhopper@be		,		
орроп <u>е</u>		o be used	for future annual rep	ort notification)
For further informat	ion concerning this matte	er, please	call:	2011 SEC TALL
Will Hopper	at	828	, 456-7433	AH)
Name of Pe		Area	Code & Daytime Te	<u> </u>
New Filing Division of Clifton Build	Corporations ding tive Center Circle		New Filin Division o P.O. Box	of Corporations
Enclosed is a check	for the following amount			
\$70.00 Filing F	ee \$78.75 Filing Fe Certificate of St	e & [tatus	\$78.75 Filing Fee of Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.	Will Hopper C	PA PC		
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
	Wilbur Hoppe	er CPA PC		
	(If name unavaila	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)	
2.	North Carloin	a	_{3.} 45-3597147	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4.	October 11,	2011	5. Perpetual	
	(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6.	N/A - No bus	siness transacted as of filing da	ate	
			ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7	495 Raven	Rock Drive, Waynesville No	C 28786	
		(Principal office a	address)	
4	495 Raven	Rock Drive , Waynesville		
		(Current mailing a	address)	
8.	Tax return	preparation and accounting	g services $\pi_{\hat{a}}$ 2	
	(Purpose(s)) of corporation authorized in home state or	r country to be carried out in state of Florida)	
9.	Name and stree	t address of Florida registered agent: (I	P.O. Box NOT acceptable)	T
	Name:	Amy Hopper	SA SA	
Of	fice Address:	11660 NW 56th Drive - #115		
		Coral Springs	, Florida 33076	***************************************
		(City)	(Zip code)	
Ha des fur	iving been name signated in this other agree to co	application, I hereby accept the appoin	ervice of process for the above stated corporation at the part intment as registered agent and agree to act in this capac is relative to the proper and complete performance of my position as registered agent.	ity. I

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	3 :		
A. DIRECTORS			
Chairman: Wilbur Hopper			
Address: 495 Raven Rock Drive, Waynesville	NC 28786	<u></u>	
Vice Chairman: Kathy Hopper			
Address: 495 Raven Rock Drive, Waynesvill	e NC 28786		
			.
Director:			
Address:			
Director:			
Address:			
Audicess.			
B. OFFICERS			
President: Wilbur Hopper			
Address: 495 Raven Rock Drive , Waynesville NC 28	786	77	
		ZOII SECH	
Vice President: Kathy Hopper		OCT HAS	4
Address: 495 Raven Rock Drive, Waynesville No	C 28786	SEE,	1
		77.00	1.1.2
Secretary: Wilbur Hopper		, C	Security of the second
Address: 495 Raven Rock Drive , Waynesville NC 2	28786		
Treasurer: Wilbur Hopper			
Address: 495 Raven Rock Drive, Waynesville NC 2	28786		
NOTE: If necessary, you may attach an addendum to the app	lication listing additional officers and	d/or directors.	
13. Chin			
Signature of Direct The officer or director signing this document (and who is listed are true and that he or she is aware that false information submitted degree felony as provided for in s.817.155, F.S.	d in number 12 above) affirms that the		
14. Wilbur Hopper President			

(Typed or printed name and capacity of person signing application)



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

WILL HOPPER CPA PC

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of October, 2011, 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 19th day of October, 2011.



Secretary of State

Elaine I Marshall