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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE
BIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section Division of Corporations							
•							
SUBJECT: CHS Enterprises of Asheville, Inc. Name of corporation - must include suffix							
ivaine of corporation - must include surns							
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: はなべらい。							
Name of Person							
CHS Enterprises of Asheville, Inc.							
Firm/Company							
3436 Farragut PI.							
Address							
Melbourne, FI 32940							
City/State and Zip code							
Dally Barrent Cwanyder. av leg mail. com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Chuck Snyder at (828) 275-6832							
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 \$\text{Certificate of Status}\$ \$78.75 Filing Fee \$\text{Certified Copy}\$\$ 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.

	ses of Asheville, Inc.				
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	Đ,	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	ne	adopted for the purpose of transacting business in Flori	da)	•
2. North Carolin	na	3.	03-0468396	_	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4. 06/03/2002		5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetua	l")	
6. September					
			n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
_{7.} 3436 Farra	agut Pl., Melbourne, Fl 3294	0			
	(Principal office a	dd		•	9
3436 Farr	agut Pl., Melbourne, Fl 32	-		<u>.</u>	ISIC 1938
	(Current mailing a	dd	ress)	ا د	注照 ロガイ
_{8.} Administra	tive Office				F COR
(Purpose(s) of corporation authorized in home state or	cc	ountry to be carried out in state of Florida)	<u>κ</u>	F ST POR
9. Name and stree	et address of Florida registered agent: (I	? .C	D. Box NOT acceptable)	15. o	TATE
Name:	Chuck Snyder				Ç.,
Office Address:	3436 Farragut Pl.				
	Melbourne, FI 32940		, Florida 32940 (Zip code)		
	(City)		(Zip code)		
•	gent's acceptance:		as of process for the above stated correction at	.	

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. Name	es and business addresses of officers and/or directors:		
A. DIRE	CTORS		
Chairman:			
Vice Chair	man:		
_			
Director:			
		-	
Director:			-
			-
Address			
B. OFFIC	CERS たんしてら い・ Chu ck Snyder		
	3436 Farragut PI.		
	Melbourne, Fl 32940		
Vice Presid	lent:	110	SE
		=======================================	ORE I
ridaress		J	SALE FILE FILE FILE FILE FILE FILE FILE FI
- -		3	공유 <u></u> 양 8
		<u>ည်</u>	
			- 37
Address: _			
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or direct	ors.	
The office are true ar third degr	Signature of Director or Officer or or director signing this document (and who is listed in number 12 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.		
14 I DII	OK SOMOOF () (14.16.1 PA 1.3 SALV(16.16.1		



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

CHS ENTERPRISES OF ASHEVILLE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of June, 2002, 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.

SECRETARY OF STAFE DIVISION OF CORPORATIONS



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.

Elaine I. Marshall

Secretary of State