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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

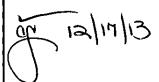


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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: TERRENCE P. DUFFY	PUILDER, INC.			
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorizat "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Florida.	check are submitted to register the			
Please return all correspondence concerning this matter to the foll	owing:			
TERRENCE P DUFF	<i>Y</i>			
Name of Person				
TERRENCE P. DUFFY BUI	NDER FIX			
Firm/Company	-			
PU BOX 1559				
/ Address				
ORANGE PARK, FL -	32067			
City/State and Zip code				
TPD 1633 C. GMAIL. COM				
F-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
/	ಪ			
	MAILING ADDRESS:			
	MAILING ADDRESS:			
<u>U</u>	Division of Corporations			
	2.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301	<u>.</u> 23			
Enclosed is a check for the following amount:	TORS			
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 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. (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) NORTH CARDLINA PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) EZARI (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: Office Address: 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

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

^{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:	SECRETARY OF STATE HVISION OF CORPORATIONS
A. DIRECTORS	
Chairman: TERRENCE PDUFFG	13 DEC 16 AMII: 11
Address: AUBOX 1559	
ORMIGE PARK 403ZB	67
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
	
Address:	
D. ODDIGERO	
B. OFFICERS	
President: 1ENRENCE T. WHY	
Address: 10 150 55	
ORANGE HANK FL 320	let
Vice President:	
Address:	
6	
Secretary:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
13.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirm	s that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the De	epartment of State constitutes
a third degree felony as provided for in s.817 155, F.S.	
14. TERREDUCT D. DYFFY, PRESDE	M/
(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

TERRENCE P. DUFFY, BUILDER, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of September, 1998, 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 not 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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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of December, 2013.

6 laine I Marshall

Secretary of State