

F14000002757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

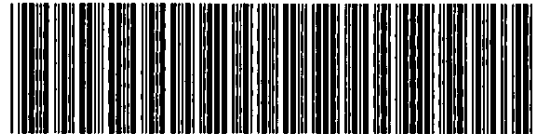
Certified Copies _____ Certificates of Status _____

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Per Conversation with Mr Andy Delap
on 6/26/14 file.

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F.A. 210
STATE BARRISTER
DIVISION OF CORPORATE AFFAIRS
14 JUN 25 AM 11:50

TUGGLE DUGGINS
ATTORNEYS AT LAW

Jesse W. Anderson
(336) 271-5208
JAnderson@tuggleduggins.com

June 24, 2014

Florida Department of State
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Via FedEx

Re: **WDS, Inc. – Application by Foreign Corporation for Authorization to Transact Business in Florida**

Dear Sir or Madam:

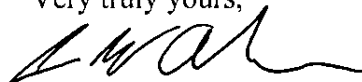
Enclosed for filing to apply for a Certificate of Authority to transact business in the State of Florida for the above-mentioned corporation, are the following:

1. Cover letter;
2. Completed Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. An original Certificate of Existence from the State of formation; and
4. A check in the amount of \$70 which covers the registration fee for the Application.

Once you find the enclosed documents in order please email the confirmation to: JAnderson@tuggleduggins.com, and mail the Certificate of Authority to the address below.

Should you have any questions regarding this filing, feel free to contact me directly at (336) 271-5208.

Very truly yours,



Jesse W. Anderson

Enclosures

cc: Ms. Natalie D. Crenshaw
Ms. Ramey Millett

14 JUN 25 AM 11:50
STATE DEPT OF TREASURY
DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WDS, 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:

Natalie Crenshaw

Name of Person

Tuggle Duggins P.A.

Firm/Company

P.O. Box 2888

Address

Greensboro, NC 27402

City/State and Zip code

NCrenshaw@tuggleduggins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Crenshaw

Name of Person

at (336) 271-5220

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
- \$78.75 Filing Fee & Certificate of Status
- \$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. WDS, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

WDS of Florida, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 5, 2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/16/14
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1414 Village Harbor Dr., Lake Wylie, SC 29710
(Principal office address)

1414 Village Harbor Dr., Lake Wylie, SC 29710
(Current mailing address)

8. warehousing and distribution company serving manufacturing, medical and technology industries
(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: Paracorp Incorporated
Office Address: 236 East 6th Avenue
Tallahassee, Florida 32303
(City) (Zip code)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 25 AM 11:51

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

Sharon Cooke SHARON COOKE, ASSISTANT SECRETARY
(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jennifer Maier

Address: 4523 Water Oak Drive

Lake Wylie, SC 29710

Director: Brian Ewert

Address: 9640 Windy Gap Road

Charlotte, NC 28278

B. OFFICERS

President: Jennifer Maier

Address: 4523 Water Oak Drive

Lake Wylie, SC 29710

Vice President: Brian Ewert

Address: 9640 Windy Gap Road

Charlotte, NC 28278

Secretary: Brian Ewert

Address: 9640 Windy Gap Road, Charlotte NC, 28278

Treasurer: Jennifer Maier

Address: 4523 Water Oak Drive, Lake Wylie, SC 29710

SECRETARY'S DIVISION OF CORP. REGISTRATION
JUN 25 AM 11:51

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

13. _____
Jennifer Maier
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. Jennifer Maier, 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

WDS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of November, 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.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of June, 2014.

Elaine F. Marshall

Secretary of State