140000379

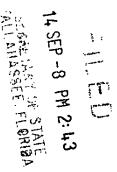
(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	*)
PICK-UP	☐ WAIT	MAIL
. (Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: 2-5 MATCO I	INC.	
Name of corpor	ration - must include suffix	
Dear Sir or Madam:		
	n for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the susiness in Florida.	
Please return all correspondence concerning this n	natter to the following:	
Linda V. Carter		
Nam	ne of Person	
Carter & Jackson (ne of Person O., CPAs /Company	
Firm	/Company	
P.O. Box 1728	-	
1	Address	
Albemark Mc 2800	tate and Zip code Kjackson @ nccpas.net used for future annual report notification)	
City/St	tate and Zip code	
I carter @ unccpas. net	Kjackson @ necpas.net	
E-mail address: (to be u	used for future annual report notification)	
For further information concerning this matter, ple	ease call:	
· ·		
Judy Lucas at (71	Area Code & Daytime Telephone Number	
Name of Person A	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 & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAB BUSINESS IN FLORIDA	NSAC	T S
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	OT O	8- AJ
1. R-S MATCO, INC.	ng	- K
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	STATE ORIDA	2: 43
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in l	Florida)	_
2. North Carolina 3. 56-1943813		
2. North Carolina 3. 56-1943813 (State or country under the law of which it is incorporated) (FEI number, if applicable)		_
4 10-10-1995 5 perpetual		
4. 10-10-1945 5. perpetual (Duration: Year corp. will cease to exist or "perpetual (Du	etual")	
6. September 1, 2014 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	<u></u>	
7. 527 South Main St. Oakboro, NL 28129 (Principal office address)	<u></u>	
P.O. Box 538 Valchoro, NC 28129 (Current mailing address)		_
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
Name: Brandon K. Church		
Office Address: 12101 Ashton Manor Way, Apt. 201		
Orlando , Florida 32828 (Zip code)		

9. 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.

(Registered agent's signature)

10. 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.

Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	76- g
Address:	<u> </u>
	128 S
Vice Chairman	197-197-197-197-197-197-197-197-197-197-
Vice Chairman:	
Address:	
	ъ
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Ronald K. Church	
Address: P.O. Box 538	
0.11	
C (1)	
Address: P.O. Box 538	
Oakboro MC 28129	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application	n listing additional officers and/or directors.
12. Signature of Director or	265
The officer or director signing this document (and who is listed in nu are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S.	imber 12 above) affirms that the facts stated herein in a document to the Department of State constitutes
13. Ron Church Presiden (Typed or printed name and capacity of pers	t
(Typed or printed name and capacity of pers	on 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 h certify that

R - S MATCO, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of October, 1995, 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 3rd day of September, 2014.

Elaine J. Marshall

Secretary of State