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(Cit	ty/State/Zip/Phone	: #)	_		
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(Bu	siness Entity Nam	ne)	-		
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Certified Copies	_ Certificates	of Status	-		
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Special Instructions to	Filing Officer:		١		
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Office Use Only



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S. YOUNG

COVER LETTER

TO:	New Filing Division of		ns					
SUBJ	ECT:	Elder	Design, Name of corpora		nclude suffix		.	
Dear S	ir or Madam:							
"Certif	icate of Exist	ence," or "	Foreign Corporation Certificate of Good ration to transact bu	Standing" a	nd check are sul			
Please	return all cor	respondenc	e concerning this m	atter to the f	ollowing:			
			Sharon	Elder e of Person				
			Elder D	esian (40		··· <u></u>	_
·		300 S	. Mint St.				A G	
		Charl	otte, N.C. City/Sta	28203	ode.	·)		丁一
			min e esd ail address: (to be us			notification)		
For fur	ther informat	ion concert	ning this matter, plea	ase call:			5. 5.	1
<u>5h</u>	aron Ele Name of Pe	erson			3.1900 Daytime Teleph	one Number	_	
	STREET/C New Filing 9 Division of Clifton Built 2661 Execut Tallahassee,	Section Corporation ding tive Center	ns Circle		MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclose	ed is a check	for the foll	owing amount:					
प्र \$70	.00 Filing Fe		8.75 Filing Fee & ertificate of Status		Filing Fee & ed Copy	Certifi	Filing Fee, cate of Stat ed 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. Elder	Tesian, Ltd. proporation; must include "INCORPORATED," "C	OMBANKER GOOD ATTO	ON 18
	orporation, must include "INCORPORATED," "Copp.," "Inc," "Co," or "Corp.")	OMPANI, CORPORATE)N,"
(if name unavaila	ble in Florida, enter alternate corporate name adop	ted for the purpose of transact	ting business in Florida)
	Carolina 3.	56-1764348	
(State or country	under the law of which it is incorporated)	(FEI number, if	applicable)
4. <u>March</u>	25, 1992 5. (Di	perpetual tration: Year corp. will cease	to evict ou (namety all)
•	or mediporation) (Di	manon. Tear corp. with cease	to exist or perpetual)
6	(Date first transacted business in Flo	rida, if prior to registration)	<u></u>
	(SEE SECTIONS 607.1501 & 607.1502,		oility)
7. <u>1300</u> S	S. Mint Street, Suite 300		28203
_	(Principal office address)		
1300 5	Mint Street, Suite 300 (Current mailing address)	Charlotte, NC	28203
	(Caren maning addess)		चुल ज
8. Name and stree	t address of Florida registered agent: (P.O. Be	ox NOT acceptable)	
	Corporation Service Company		芸芸「戸
Name:	1201 Hays Street	-	
Office Address:		-	The Part of the Pa
	Tallahassee	, Florida	習出め
	(City)	(Zip code)	, C.C.
9. Registered age	nt'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.

Stephanie L. Durham Corporation Service Company **Asst Vice President** (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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Elliott C. Elder Address: 2205 Selwyn Avenue Charlotte, 'NC Vice Chairman: ___ Address: ____ Address: Director: Address: **B. OFFICERS** President: Elliott C. Elder Address: 2205 Selwyn Ave Charlotte, NC 28203 Vice President: Address: Address: ___ Treasurer: ______ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. Elliott Clay Elder

(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

ELDER DESIGN, LTD.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of March, 1992, 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 18th day of June, 2015.

Elaine J. Marshall

Secretary of State