

**F16000003189**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

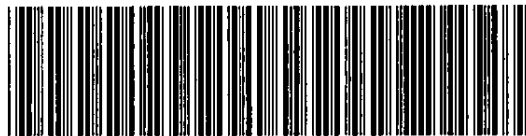
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JUL 19 PM 5:01

DEPARTMENT OF REVENUE  
SUPERVISOR OF FINANCE

JUL 20 2016  
J. BRUCE

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Strawbridge Studios, Inc.

☐ Nonprofit

☒ Foreign

Qualification

☐ Limited Partnership

☐ LLC

☒ Certified Copy

Qualification

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Call If Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ UCC

☒ CUS

☐ After 4:30

☒ Pick Up

Order#:

10093939

Ref#:

Amount: \$

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Strawbridge Studios, Inc.  
(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)
2. North Carolina 3. 56-0595224  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/24/1954 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 8/1/2007  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3616 Hillsborough Road, Durham, NC 27715  
(Principal office address)
- PO Box 3005, Durham, NC 27715-3005  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Albert J. Scotti

Office Address: 640 Wildflower Street

Merritt Island, Florida 32953  
(City) (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.*

ae Scotti

(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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Kenneth S. Strawbridge

Address: 3616 Hillsborough Road, Durham, NC 27715

Vice Chairman: Robin W. Strawbridge

Address: 3616 Hillsborough Road, Durham, NC 27715

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Kenneth S. Strawbridge

Address: 3616 Hillsborough Road, Durham, NC 27715

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Robin W. Strawbridge

Address: 3616 Hillsborough Road, Durham, NC 27715

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. Kenneth S. Strawbridge President  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. KENNETH S. STRAWBRIDGE President  
(Typed or printed name and capacity of person signing application)

FILED  
2010 JUL 19 A 8 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

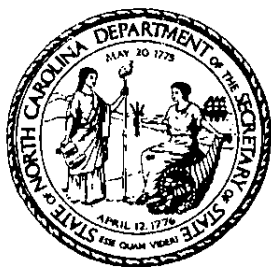
### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **STRAWBRIDGE STUDIOS, INCORPORATED**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of June, 1954, 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 19th day of July, 2016.

*Elaine F. Marshall*

Secretary of State