

A7000002724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

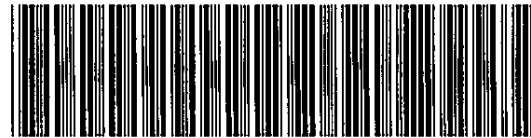
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600299041376

05/16/17--01030--013 **78.75

06/15/17--01025--001 **650.00

FILED
-17 JUN -9 AM 9:52
SECRETARY OF STATE
TOLSON, PHILIP

D. SCOTT
JUN 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

VIVIAN POWERS
270 W NEW ENGLAND AVE.
WINTER PARK, FL 32789

SUBJECT: FUQUAY SHOPS, INC.
Ref. Number: W17000042181

RECEIVED
2017 JUN -9 PM 3:26
TALLAHASSEE, FLORIDA

We have received your document for FUQUAY SHOPS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 317A00009921

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fuquay Shops, 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:

Vivian Powers

_____ Tricor International Corporation	_____ Name of Person
_____ 270 W. New England Ave.	_____ Firm/Company
_____ Winter Park, FL 32789	_____ Address
_____ vivian@tricor.net	_____ City/State and Zip code
_____ E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Vivian Powers	407	629-2040
_____ Name of Person	at (_____ Area Code	_____ Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

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**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. Fuquay Shops, 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. 27-2195302
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 14, 2010 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. August 31, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 270 W. New England Ave., Winter Park FL 32789
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: Marc Hagle

Office Address: 270 W. New England Ave.
Winter Park, Florida 32789
(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.


(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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17 JUN -9 AM 9:55
TAMPA

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

A. DIRECTORS

Chairman: Marc Hagle
270 W. New England Ave.
Address: Winter Park, FL 32789

Vice Chairman: _____

Address: _____

Director: Walter T. Krumm
270 W. New England Ave.
Address: Winter Park, FL 32789

Director: _____

Address: _____

B. OFFICERS

President: Marc Hagle, CEO
270 W. New England Ave.
Address: Winter Park, FL 32789

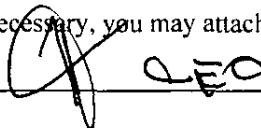
Vice President: Walter T. Krumm
270 W. New England Ave.
Address: Winter Park, FL 32789

Secretary: Asst. Secretary/Executive Vice President Vivian Powers
270 W. New England Ave., Winter Park, FL 32789

Treasurer: _____

Address: _____

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

12.  _____

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. Marc Hagle, CEO

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

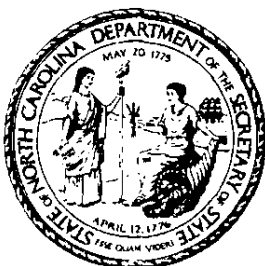
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

FUQUAY SHOPS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of April, 2010, 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.

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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 March, 2017.

Elaine F. Marshall

Secretary of State