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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| (ON)/OCCIONED III |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (=======, -====, |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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Office Use Only



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THE LARY OF STATE LABASSEE, FLORIDA

S. WARREN 0CT 1 3 2017



10/12/2017

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | |
|---|------|
| Name: Merritt Knickle | |
| Reference #:A309148 | |
| Entity Name: TI PARCEL SOLUTIONS, INC. | |
| ✓ Articles of Incorporation/Authorization to Transact Busin | ıess |
| ☐ Amendment | |
| Change of Agent | |
| Reinstatement | |
| Conversion | |
| ☐ Merger | |
| ☐ Dissolution/Withdrawal | |
| ☐ Fictitous Name | |
| ✓ Other CERTIFIED COPY | |
| | |
| | |
| Authorized Amount: <u>\$78.75</u> | |
| Signature: Mounth Kinner Or | |

© CORPORATE HQ

COGENCY GLOBAL INC. 10 E 40° 51, 10 °FL NY, NY 10016 800,221,0102 +1,212,947,7200 **EUROPEAN HQ**

COGENCY GLOBAL (UK) HIMITED REGISTERD NESCHAND RWA ES DECISIONECIAND RWA ES DECISIONECIA

ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED AHONG LONG LM TED COMPANY INFINITUS PLAZA, 12" FL 199 DES VOEUX RD CENTRAL HONG KONG *852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

COVER LETTER

| | stration Section sion of Corporations | | | | | | |
|---|--|--------------------------|--|---------------------------------|---|--|--|
| SUBJECT: | TI Parcel Solutions, Inc. | | | | | | |
| SUBSISCI. | Name of corporation - must include suffix | | | | | | |
| Dear Sir or N | 1adam: | | | | | | |
| "Certificate o | "Application by Foreign (of Existence," or "Certificanced foreign corporation to | te of Good Sta | anding'' | and check are sub- | et Business in Florida," mitted to register the | | |
| Please return Jolene Beaty | all correspondence concer | ning this matt | er to the | e following: | • | | |
| | | Name o | of Person | 1 | | | |
| K&L Gates L | LP | | | | | | |
| | | Firm/Co | mpany | | | | |
| 214 N. Tryon | e Street, 47th Floor, Hearst To | ower | | | | | |
| | | Add | dress | | _ | | |
| Charlotte, NC | 28202 | | | | | | |
| | | City/State | and Zip | code | | | |
| spalmer@t-in | - | | 100 | 1 | | | |
| | E-mail addre | ess: (to be used | a for fut | ure annual report r | notification) | | |
| For further in | nformation concerning this | matter, please | e call: | | | | |
| Jolene Beaty | | 704 at (| | | | | |
| Nan | ne of Person | Area Co | ode | Daytime Telepl | hone 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 a | mount: | | | | | |
| □ \$70.00 F | | ing Fee & c of Status | | .75 Filing Fee & tified Copy | S87.50 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.

| TI Parcel Solution | ons, Inc. | | | |
|--------------------|---|-------------------|--|---|
| | orporation; must include "INCOR orp," "Inc," "Co," or "Corp.") | PORATED," "C | OMPANY," "CORPORATION," | |
| (If name unavails | able in Florida, enter alternate cor | porate name adop | oted for the purpose of transacting be | usiness in Florida) |
| Delaware | | _ | | |
| 2 | y under the law of which it is ince | 3 | (FEI number, if applie | :ablc) |
| May 24, 2013 | | | , | · |
| 4. | 4. | 5 | (Date of duration, If other tha | |
| (Date | of incorporation) | • | (Date of duration, it other tha | n perpetuat) |
| 6 | | | | |
| | | | orlda, if prior to registration) | |
| 21036-1-1-257 | ` | 301 & 607.1302, | F.S., to determine penalty liability) | |
| 7 | ay SE, Hickory, NC 28602 | | | |
| | | (Principal o | ffice address) | |
| | | | | |
| | ((| Current mailing a | ddress, if different) | |
| | | | | |
| 8. Name and street | et address of Florida registered | dagent: (P.O. B | lox NOT acceptable) | |
| | Cogency Global Inc. | | | SSEE SSEE LE |
| Name: | | | _ | |
| Office Address: | 115 N Calhoun St, St. 4 | | | ST. 9. |
| Office Address. | Tallahassee | | - 32301 | 05 - 05 - 05 - 05 - 05 - 05 - 05 - 05 - |
| | I HIIBIIASSCC | | | |
| | | | , Florida | > 0. |

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.

Cogency Global Inc.

By:

(Registered agent's signature)

Karen McKeown, Asst. Secretary

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 SEE ATTACHED Chairman: Address: ___ Vice Chairman: Address: _____ Director: _ Director: ___ Address: ___ B. OFFICERS President: SEE ATTACHED Address: ___ Vice President: Address: ______ Secretary: Address: ____ Treasurer: __ 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 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. Reynolds C. Faulkner, CFO and Secretary

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

11.A. <u>DIRECTORS</u>

D. Paul Thompson, 310 Main Ave Way SE, Hickory, NC 28602 Christopher D. Baltz, 310 Main Ave Way SE, Hickory, NC 28602 Tim Dillon, 150 North College Street, Suite 2500, Charlotte, NC 28202 Rob Edwards, 150 North College Street, Suite 2500, Charlotte, NC 28202 J. Travis Hain, 150 North College Street, Suite 2500, Charlotte, NC 28202

11.B. OFFICERS

D. Paul Thompson, Chairman, 310 Main Ave Way SE, Hickory, NC 28602 Christopher D. Baltz, CEO, 310 Main Ave Way SE, Hickory, NC 28602 Reynolds C. Faulkner, CFO and Secretary, 310 Main Ave Way SE, Hickory, NC 28602 Laura Easley, COO, 310 Main Ave Way SE, Hickory, NC 28602 Ken Wacker, EVP, 310 Main Ave Way SE, Hickory, NC 28602

17 OCT 12 AM 9: 05
SECRETARY OF STATE

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TI PARCEL SOLUTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TI PARCEL SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203382396

Date: 10-11-17