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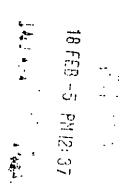
(Ře	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	;
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co					
	CLASSI	C DYESTUFFS IN	С			
SUBJ	ECT:	Name	of corporation	on -	must include suffix	
5 (, , , , ,					
Dear 8	Sir or Madam:					
"Certi	ficate of Existen	tion by Foreign C ce," or "Certifical gn corporation to	e of Good St	and	ing" and check are sub	ct Business in Florida," mitted to register the
Please	return all corres	pondence concer	ning this mat	ter t	to the following:	
ΑΜΑΙ	NDA P COLES					
			Name o	t P	erson	
CLAS	SIC DYESTUFFS	INC				
			Firm/Co	nnp	any	
PO BC	X 2368					
			Ado	lres	S	
HIGH	POINT, NC 2726	1-2368				
			City/State	and	d Zip code	
AMAN	NDA.COLES@CI	ASSICDYE.COM				
		E-mail addres	s: (to be use	d fo	r future annual report r	notification)
For fu	rther information	concerning this	natter, please	e ca	II:	
AMAN	NDA P COLES		336 at (841-2346	
•	Name of Perso	on	Area Co	ode	Daytime Telepl	none Number
Enclas	Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fi	rporations g e Center Circle			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	0.00 Filing Fee	☐ \$78.75 Filin Certificate	ıg Fee &		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

CLASSIC DYF	ESTUFFSINC				
(Enter name of o	corporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)			
NORTH CARC 2.	OLINA 3.	56-1249754 3			
(State or country under the law of which it is incorporated) 08/10/1979		(FEI number, if applicable) PERPETUAL 5.			
	e of incorporation)	(Date of duration, if other than perpetual)			
301 BRENTWO 7.	(Date first transacted business in (SEE SECTIONS 607,1501 & 607.15 OD ST, HIGH POINT NC 27260	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	ว ก		
	· · · · ·	oal office address)	jo L		
PO BOX 2368, 1	HIGH POINT, NC 27261-2368		ا <i>ل</i> ن 		
	(Current mailir	ng address, if different)			
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C CORPORATION SERVICE COMPANY	D. Box NOT acceptable)	7:31		
Office Address:	1201 HAYES STREET				
	TALLAHASSEE	32301 , Florida			
	(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 um 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Vice Chairman: Address: ____ ____ Director: Address: ___ Address: ___ B. OFFICERS President: __ Address: ____ Vice President: Address: ___ Secretary: _ Address: ___ AMANDA P COLES Treasurer: PO BOX 2368, HIGH POINT, NC 27261-2368 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 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. AMANDA P COLES, TREASURER



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

CLASSIC DYESTUFFS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of August, 1979, 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 26th day of January, 2018.

Elaine J. Marshall

Secretary of State