F/800003324

(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						



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MINUTED PRIZERS

STOREGIST STATE

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JC) 07-20-18

COVER LETTER

TO:	Registration Sec Division of Corp						
		nedies Waste ar	nd Recycling.	Inc.			
SUBJ	ECT:						
		Name o	of corporation	i - must i	nelude suffix		
Dear S	Sir or Madam:						
"Certi		." or "Certificate	of Good Star	iding" ar	nd check are sub	et Business in Florida." omitted to register the	
Please Gary	return all correspo Allred	mdence concern	ing this matte	r to the f	ollowing:		
			Name of	Person			
Greer	Remedies Waste	and Recycling, I	nc.				
2810	Eric Lane		Firm/Con	ipany	.		
Burlin	gton, NC 27215		Addr	ess			
						·	
gary.a	ullred@greenremed	lieswaste.com	City/State a	nd Zip e	ode		
		E-mail address	s: (to be used	for futur	annual report	notification)	
For fu	rther information c	oncerning this ir	atter, please (call:			
Gary Allred			336		264-1030		
	Name of Person		at (Area Cod	, e	Daytime Telep	hone Number	
	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive C Tallahassec, FL	tion orations Center Circle 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclos	sed is a check for the	ne following ame	ount:				
■ \$7	0,00 Filing Fee	S78.75 Filin Certificate of			Filing Fee & ed Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

FILED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of co	orporation; must include "INCORPORATED," "	"COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	orp." "Inc." "Co." or "Corp.")			
	ible in Florida, enter alternate corporate name add		siness in Florida)	
North Carolina		7-2528779		
05/06/2010	3 y under the law of which it is incorporated)			
7/4/2018	(Date of incorporation) 5. (Date of duration, if other than perpetual 7/4/2018			
2810 Eric Lane.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Burlington, NC 27215	lorida, if prior to registration) 2. F.S., to determine penalty liability)		
•	(Principal	office address)		
	·			
) Name and the	(Current mailing : et address of Florida registered agent: (P.O.	address, if different)	2018 JUL 10	
Name and <u>stree</u> Name:	Registered Agents Inc.	nox <u>(vor</u> acceptable)	SSE VANCE 10	
Office Address:	3030 N. Rocky Point Dr. STE 150A		PH 12:	
	Tampa (City)	33607	# 19 #U\$	
	(City)	(Zip code)		
Taving been nam	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes reli	ent as registered agent and agree to lative to the proper and complete p	o act in this capacity.	
further agree to c	amiliar with and accept the obligations of n	ny position as registerea agent.		

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 Alan Allred Chairman: 2810 Eric Lane Address: Burlington, NC 27215 Vice Chairman: Kimberly Allred Director: 2810 Eric Lane Address: Burlington, NC 27215 Gary Allred Director: 2810 Eric Lane Address: Burlington, NC 27215 0103 B. OFFICERS Alan Allred President: 2810 Eric Lane Address: Burlington, NC 27215 Vice President: ______ Address: ____ Alan Allred Secretary: 2810 Eric Lane, Burlington, NC 27215 Address: Alan Allred Treasurer: 2810 Eric Lane, Burlington, NC 27215 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 \$.817.155, F.S. Gary Allred, Director 13. ___

(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

GREEN REMEDIES WASTE AND RECYCLING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of May, 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.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of July, 2018.

Elaine J. Marshall

Secretary of State