# F19000000054

(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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ECRETARY OF STATE
MILAHASSEE FLORIDA

O SIMMONS FEB 0 6 2019

### **COVER LETTER**

TO:	Registration Section	n				
	Division of Corpo	rations				
	OnSite Seam	less Inc.				
SUBJ	ECT:		<del></del>			
		Name of corpora	ition - i	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact by	Standi	ng" and check are sub		
	return all correspon Christopher Close	dence concerning this m	atter to	the following:		
		Name	e of Per	·son	<del></del>	
OnSite	Seamless Inc.					
		Firm/	Compa	nv		
47 Pop	lar Grove Ct.					
		Λ	ddress			
Fletche	er. NC 28732		•			
		City/Sta	ite and	Zip code		
sales@	onsiteseamless.com	·				
		E-mail address: (to be u	sed for	future annual report r	notification)	
For fu	rther information co	ncerning this matter, ple	ase call	:		
Daniel	Daniel Close 813 966-7705					
		at (				
	Name of Person	Area	Code	Daytime Telep	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		
Enclos	sed is a check for the	e following amount:				
□ \$7	0.00 Filing Fee <b>f</b>	■ \$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & Tertified 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.

OnSite Seamless 1.	s Inc.					
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D." "C0	OMPANY," "CORPORATIO	N."		
HomeTown Gut	ter					
(If name unavaila	able in Florida, enter alternate corporate nan	ne adopt	ed for the purpose of transact	ing business in Florida)		
North Carolina		47-1	095260			
2	<del></del>	3				
(State or countr 1-25-2019	y under the law of which it is incorporated)		(FEI number, if a	pplicable)		
4	of incorporation)	5				
(Date	of incorporation)		(Date of duration, if other than perpetual)			
6.						
•	(Date first transacted business (SEE SECTIONS 607.1501 & 607 Ct., Fletcher, NC 28732			ility)		
	(Prin	cipal of	fice address)	19 J		
	(Current ma	iling add	dress, if different)	N 29		
8. Name and stree	. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)					
	REGISTERED AGENTS INC.			F STA		
Name:				5m <b>-</b>		
Office Address:	7901 4th St N, STE 300			<b>&gt;</b> •		
	St. Petersburg, FL		33702	Į.		
			, 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 am familiar with and accept the obligations of my position as registered agent.

Bill Have (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 Daniel Christopher Close Chairman: 47 Poplar Grove Ct., Fletcher, NC 28732 Address: Vice Chairman: \_\_\_\_\_\_ Address: \_\_\_\_\_\_\_ Address: \_\_\_\_\_\_ Director: \_ ₹ **B. OFFICERS** President: Address: Vice President: Address: Address: \_\_\_\_ Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application lighting 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. Christopher Close



## 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

### ONSITE SEAMLESS INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of June, 2014, 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 25th day of January, 2019.

Elaine J. Marshall

Secretary of State