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COVER LETTER

TO:	FO: Registration Section Division of Corporations					
eno	JECT: ATTAWAY	SERVICES CAROLINA	A, INC.		,	
SUD	JF.C1:	Name of corpo	ration - m	ust include suffix		
Dear !	Sir or Madam:					
"Certi	ificate of Existence."	by Foreign Corporation "Certificate of Goo orporation to transact by	d Standing	" and check are subr		
Please	e return all correspon	dence concerning this	matter to t	ne following:		
JAME	ES DAVIS					
		Na	ne of Pers	on		
Ist UI	NITED CRS, LLC					
	/*/***********************************	Firm	ı/Compan	y		
4211	CAPITAL CIRCLE N	V				
Address						2020
TALL	LAHASSEE, FL 32303					C
		City/S	State and Z	ip code		ι.
cc@u	niteders.com				· . · · · · · · · · · · · · · · · · · ·	i
		E-mail address: (to be	used for fi	iture annual report no	otification)	:
For fu	orther information co	ncerning this matter, pl	ease call:			بې د : ای
JAMI	ES DAVIS	850 at (50 322-7117			
	Name of Person		a Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		of following amount: by: FLORIDA DEPART: □ \$78.75 Filing Fee & Certificate of Status	□ \$ 7	STATE 8.75 Filing Fee & entified Copy	□ \$87.50 Fil Certificate Certified C	of Status &

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.

ATTAWAY SERVICES CAROLINA, INC.

(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 26 BROOKESHIRE BLVD, UNIT C, CHARLOTTE, NC 28216 (Principal office street address) (Current mailing address, if different) Vame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1211 Capital Circle NW		able in Florida, enter alternate corporate name	adopted for the purpose of transacting busines	ss in Florida)
(State or country under the law of which it is incorporated) (PEI number, if applicable) (Pize of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name: Ist United CRS, LLC 4211 Capital Circle NW 52303 5	NORTH CARO	ilina 3.	82-2912532	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 126 BROOKESHIRE BLVD, UNIT C, CHARLOTTE, NC 28216 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ist United CRS, LLC		y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 126 BROOKESHIRE BLVD, UNIT C, CHARLOTTE, NC 28216 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ist United CRS, LLC	9/26/17	5.	PERPETUAL	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 126 BROOKESHIRE BLVD, UNIT C, CHARLOTTE, NC 28216 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ist United CRS, LLC	(Date	of incorporation)	(Date of duration, if other than perp	etual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 126 BROOKESHIRE BLVD, UNIT C, CHARLOTTE, NC 28216 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1st United CRS, LLC 4211 Capital Circle NW Tallahassee Florida 32303				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ist United CRS, LLC				
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Ist United CRS, LLC	126 BROOKES	HIRE BLVD, UNIT C, CHARLOTTE, NC 28	216	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ist United CRS, LLC		(Principal offi	ce street address)	••
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ist United CRS, LLC				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ist United CRS, LLC		(Current mailir	g address, if different)	
Name: Ist United CRS, LLC 4211 Capital Circle NW Tallahassee Florida 32303		`		
Name: Ist United CRS, LLC 4211 Capital Circle NW Tallahassee Florida 32303		13 (20) (1) (1) (1)), Box_NOT acceptable)	
Tallahassee Florida 32303	Name and stree	et address of Florida registered agent: (P.C		
Tallahassee Florida 32303 -				262
, Florida	u	1st United CRS, LLC		2620
	Name:	1st United CRS, LLC		20203
	Name:	1st United CRS, LLC 4211 Capital Circle NW		2020 5 -7
D. C.A. J. M. Alexandra	Name:	1st United CRS, LLC 4211 Capital Circle NW Tallahassee		2620 S7 F.
Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the	Name: lice Address:	1st United CRS, LLC 4211 Capital Circle NW Tallahassee (City)		2020 S7 F. 3
signated in this application. I hereby accept the appointment as registered agent and agree to act in this cap	Name: Tice Address: Registered agoving been name	1st United CRS, LLC 4211 Capital Circle NW Tallahassee (City) ent's acceptance: seed as registered agent and to accept servi	(Zip code) ce of process for the above stated corpor	ation at the j

0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to ne Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction nder the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS	IESSE JOSEPH VARNER			
□ Chairman	Name: 6126 BROOKSHIRE BLVD.	□Chairman	Name:	
☐ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	UNIT C	□Director		
■ President	CHARLOTTE, NC 208216	□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
□Сһаі⊓пал	Name:	□Chairman	Name:	
∐Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President	······································	
☐Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other	<u></u>	□Other □
⊒Chairman	Name:	□Chairman	Name:	1
□Vice Chairman	Address:	□Vice Chairman	Address:	:
☐Director		□Director		<u>්</u>
□President		□President		<u></u>
∐Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
⊒Other	□ Other	□Other		□Other
mportant Notice: ndividuals not/be	Use an attachment to report more than six (6). The pades to the index when filing your Florida Depa	attachment will be image irtment of State Annual Re stor or Officer	port form.	

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 of he 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.



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 tify that

ATTAWAY SERVICES CAROLINA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, ring been incorporated on the 26th day of September, 2017, with its period of duration ng Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's cles of incorporation are not suspended for failure to comply with the Revenue Act of State of North Carolina; that the said corporation is not administratively dissolved for ure to comply with the provisions of the North Carolina Business Corporation Act; its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to Secretary of State; and that the said corporation has not filed articles of dissolution as ne 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 23rd day of December, 2019.

Elaine I Marshall

Secretary of State