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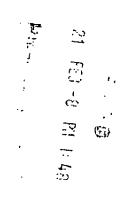
(Requestor's Name)				
(Address)				
(Address)	)			
(City/State	e/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	s Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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•	4· ^ <b>*</b>	•	
	COVER LE	TTER	1
TO: Registration Section Division of Corporations			
LIST + BEISLER C			
SUBJECT:	Name of corporation -	must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:	,		
on or madm.			
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	ertificate of Good Stand	ing" and check are sub	
Please return all correspondence ( MADELINE PERSON	concerning this matter t	o the following:	
	Name of P	erson	
BRIDGEHOUSELAW LLP			
	Firm/Comp	any	
112 S TRYON ST STE 1100			
	Addres	S	
CHARLOTTE, NC 28284			
	City/State and	d Zip code	
MADELINE.PERSON@BRIDGER	IOUSE.LAW		
E-mai	l address: (to be used fo	r future annual report r	notification)
For further information concerning	ng this matter, please ca	11:	
MADELINE PERSON	980	219 - 5226	
Name of Person	at ( Area Code	Daytime Telep	hone Number
STREET/COURIER A	NNDFCC.	MAILING A	DDDFCC.
Registration Section	DKL93.	MAILING ADDRESS: Registration Section	
Division of Corporations		Division of Corporations	
The Centre of Tallahasse	e	P.O. Box 6327	
2415 N. Monroe Street, S Tallahassee, FL 32303	Suite 810	Tallahassee, F	FL 32314
Enclosed is a check for the follow			
Please make check payable to: FLO			<b>—</b> ************************************
<del>-</del>		\$78.75 Filing Fee &	\$87.50 Filing Fee.
Check No. 1148	tificate of Status	Certified Copy	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.

LIST + BEISLE	ER CORP				
(Enter name of c	corporation; must include "INCORPORATED," " Corp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORA"	TION,"		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of trans	acting busi	iness in Flo	orida)
NORTH CARO	LINA 3.				
(State or countr	ry under the law of which it is incorporated)	(FEI number,	if applicab	le)	
9/17/2018	5				
(Date	e of incorporation)	(Date of duration, if o	ther than p	erpetual)	
· <u></u>					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty li	) iability)		
112 S TRYON S	T STE 1130 CHARLOTTE, NC 28284		,		
	(Principal office	street address)		<i>5.4</i> 3	
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	(Current mailing a	address, if different)	-	أرا	
			•	ರು 1	
Name and street	<u>et address</u> of Florida registered agent: (P.O. I	Box NOT acceptable)	. `	-177) 243	
Name:	UNISEARCH, INC.		•	7.7	
ffice Address:	155 OFFICE PLAZA DRIVE			(3) (3)	
mee Address.	TALLAHASSEE	<del></del> 32301			
	(City)	Florida 32301 (Zip code)	-		
	(Chy)	(Zip code)			
daving been nan lesignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointment comply with the provisions of all statutes relains with and accept the obligations of my positi	nt as registered agent and utive to the proper and con	agree to c	act in this	capac
	Joelle Churik				
	TORGRECULTURE				

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			CARAIDS ZINIZZ		
□Chairman	REINHARD VON HENNIGS Name:	□Chairman	SAMUEL GRIGG Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	CHARLOTTE, NC 28284	Director	CHARLOTTE, NC 28284		
President		□President			
□Vice President		■Vice President			
Secretary	□Treasurer	☐ Secretary	Treasurer		
□Other	Other	Other			
□Chairman	Name:	□Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
Director		□Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	Secretary	☐Treasurer		
Other	Other	□Other	Other		
□Chairman	Name:	□Chairman	Name:		
	Address:		Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer		
□Other	Other	Other	Other		
individuals may be	Use an attachment to report more than six (6). The at e added to the index when filing your Florida Departr Signature of princes	ment of State Annual Re			
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Departon Hennigs, Secretary				

(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

### LIST + BEISLER CORP

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of September, 2018, 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 4th day of February, 2021.

Elaine I Marshall

Secretary of State

Certification# 108936202-1 Reference# 16809890- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification