# F2100001944

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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	<b>∏</b> MAIL
	☐ W////	WAIL
(Bu	siness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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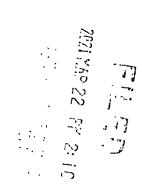
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### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Fix Pads Holdings LLC				
Name of	corporation - I	must include suffix		-
Dear Sir or Madam:				
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standin	ng" and check are submitted to		
Please return all correspondence concerning	this matter to	the following:		3
Seth Sheppard				22 : 3
	Name of Pe	rson	-	46
Fix Pads LLC				22.
	Firm/Compa	ny	<del></del>	- 
1515 Mockingbird Lane Suite 4000				· ·
	Address		•	
Charlotte, NC 28209				ري
	City/State and	Zip code		_
seth.sheppard@fixpads.com				_
Ē-mail address: (	to be used for	future annual report notificat	ion)	
For further information concerning this mat	ter, p <del>lease</del> call	:		
4668 augusta rd	(	296-3502		
Name of Person	Area Code	Daytime Telephone Nu	ımber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons	
Enclosed is a check for the following amour Please make check payable to: FLORIDA DEP  \$70.00 Filing Fee	ARTMENT O	378.75 Filing Fee & S Certified Copy C	87.50 Filing Fee, ertificate of Status ertified 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.

l. Fix Pads Holding	gs LLC  orporation; must include "INCORPORATED,"	" "COMPANY " "COPPOPATION "	
"Inc.," "Co.," "Co	orporation; must include "INCORPORATED, orp," "inc," "Co," or "Corp.")	COMPANT, CORPORATION,	
(If name unavails	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
South Carolina	3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
12/23/2019	5.	5. (Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
4/1/21			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
4668 Augusta Rd.	. Lexington SC 29073	· · · · · · · · · · · · · · · · · · ·	•
·	(Principal offi	ice street address)	
125 Remount Rd	PMB 2204 Charlotte NC 28203	22	j
	(Current mailir	ng address, if different)	;
		ng address, if different)  D. Box NOT acceptable)	•
<ol><li>Name and street</li></ol>	<u>et address</u> of Florida registered agent: (P.C	). Box NOT acceptable)	
Name:	CT Corporation System	·: —	
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324 (Zip code)	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoints	ice of process for the above stated corporation at the pl ment as registered agent and agree to act in this capaci relative to the proper and complete performance of my osition as registered agent.	ty. I
	CHURCH Construction Kalen		
<del></del>	(Registered agent's s	ignature)	
10. Attached is a the Department of	certificate of existence duly authenticated, State, by the Secretary of State or other o	, not more than 90 days prior to delivery of this applicati fficial having custody of corporate records in the jurisdi	on to

under the law of which it is incorporated.

<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			
<b>■</b> Chairman	Name:	□ Chairman	Name:
□Vice Chairman	4668 Augusta Rd Address:	■Vice Chairman	Address:
□Director	Lexington SC 29073	Director	Lexington SC 29073
□President		President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	Other	□Other	□Other
□Chairman	Ronald Sheppard	□Chairman	Name: Seth Sheppard
□Vice Chairman	Address:	□Vice Chairman	Address: 4668 Augusta Rd
□Director	Lexington SC 29073	Director	Lexington SC 29073
President		□President	3 7
□Vice President		■ Vice President	22
Secretary	☐ Treasurer	☐Secretary	□'Treasurer
Other	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
	Address:	□ Vice Chairman	Address:
Director	Address.	Director	Address,
□President		□President	
□Vice President		□Vice President	
Secretary	☐ Treamerer	DSecretary	☐Trensurer
□Other		Other	Other
individuals may be  12.  The officer or direct	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Director signing this document (and who is listed in nurse information submitted in a document to the Department.	rtment of State Annual Re	eport form.  The facts stated herein are true and that he or
s.817.155, F.S.	ard, VP/Corporate Controller		

# The State of South Carolina



## Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that

Fix Pads Holdings LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 23rd, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 18th day of March, 2021.

Mark Hammond, Secretary of State