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Florida Department of State
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Email Address: DougDozier@Bonitz.com

FOREIGN PROFIT/NONPROFIT CORPORATION BONITZ, INC.

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**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.*

1. BONITZ, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. South Carolina 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 15, 1987 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
Date of filing this application with the Florida Department of State
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 645 Rosewood Dr., Columbia, SC 29201
(Principal office street address)
- 645 Rosewood Dr., Columbia, SC 29201
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Harry B Davis
(Registered agent's signature)

Harry B Davis Asst VP

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

A. DIRECTORS

☒ Chairman Name: Peter Larmore
☐ Vice Chairman Address: 407 Pinnacle Lane
☒ Director Huntersville, NC 28078
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: William Dozier
☐ Vice Chairman Address: 3809 Millstream Ridge Dr.
☐ Director Charlotte, NC 28269
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Dan Tilley
☐ Vice Chairman Address: 15821 Stonemont Rd.
☐ Director Huntersville, NC 28078
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP Operations ☐ Other _____

☐ Chairman Name: Tammy Chupa
☐ Vice Chairman Address: 205 Brookridge Dr.
☐ Director Mount Holly, NC 28120
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other VP/Controller ☐ Other _____

☐ Chairman Name: Rhett Seel
☐ Vice Chairman Address: 7764 Orchard Park Cir
☐ Director Harrisburg, NC 28075
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP Operations ☐ Other _____

☐ Chairman Name: Ron Lutwiller
☐ Vice Chairman Address: 16944 Pond Road
☐ Director Locust, NC 28097
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP Operations ☐ Other _____

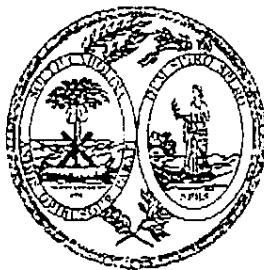
Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]
 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.817.135, F.S.

13. William D. Dozier, Chairman/Secretary/Treasurer
 (Typed or printed name and capacity of person signing application)

The State of South Carolina



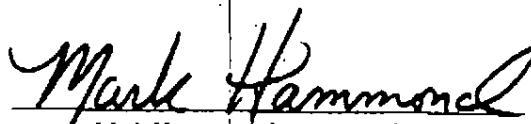
Office of Secretary of State Mark Hammond

Certificate of Existence

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

BONITZ, INC., a corporation duly organized under the laws of the State of South Carolina on January 15th, 1987, and having a perpetual duration unless otherwise indicated below, has as of the date hereof 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 corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 7th day
of January, 2022.


Mark Hammond, Secretary of State