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(((H22000152640 3))) -



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FOREIGN PROFIT/NONPROFIT CO. PORATION WCSI FLORIDA, INC.

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S. ROBERTS

MAY 0 2 2022

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAMSACT 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.

	orporation; must include "INCORPORAT orp," "Inc," "Co." or "Corp.")	ED," "		,,nC
WCSI FLORID	A, INC.		.	
(If name unavail.	able in Florida, enter alternate corporate n	ame ado	opted for the purpose of transact	ing business in Florida)
NORTH CARO		2	` 	
(State or countr	y under the law of which it is incorporated	리) - 기· —	(i El number, if a	applicable)
02/17/2006	•	5 PE	ERPETUAL	
(Date	of incorporation)	- ·'· 	(Date of Curation, if other	r than perpetual)
01/01/2021			€.	
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6		lorida, if prior to rigistration) 2. F.S., to determi = penalty liab	ility)
607 BEAUHAVEN LN, WAXHAW, NC 28173			H.	`
·	(Principa	ıl office	street address)	
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LO BOY 1380'	VAXHAW, NC 28172	_	·~	
		nailing a	address, if differo)	THAY -
			address, if differe ()	PANY -2
Name and stre	(Current n		address, if differe ()	PANY -2 AH
Name and stree	(Current n et address of Florida registered agent:		address, if differe ()	TALLAHASSES FL
Name and stre	(Current n et address of Florida registered agent: SUSAN MOONEY	(P.O. I	address, if differo ^{(*}) Box <u>NOT</u> acce _{(*} ?able)	TALLAHASSESTE
Name and stre	(Current neet address of Florida registered agent: SUSAN MOONEY 301 HARBOUR PL DR UNIT 1812	(P.O. I	address, if differe ()	TALLAHASSES.FL
Name and streen. Name: Office Address: Registered aguaring been namesignated in this streen agree to designate to designate agree to designate agree to designate.	(Current notes and to accept the application, I hereby accept the applications of methods and accept the obligations of methods (Current notes and accept the obligations of methods (Current notes accept the application of the accept the application of the accept the obligations of methods (Current notes accept the accept the obligations of methods (Current notes accept the obligations of methods (Current notes accept the accept the obligations of methods (Current notes accept notes notes accept notes notes accept notes n	service	Box NOT acce, fable) Florida (Z.p. code) of process for the above state at registered ligent and against to the proper and comp	ted corporation at the pla gree to act in this capacity
Name and streen. Name: Office Address: Registered aguaring been namesignated in this streen agree to designate to designate agree to designate agree to designate.	(Current notes address of Florida registered agent: SUSAN MOONEY 301 HARBOUR PL DR UNIT 1812 TAMPA (City) ent's acceptance: and as registered agent and to accept application, I hereby accept the application of all statutions.	service	Box NOT acce, fable) Florida 33602 (Z.p. code) of process for the above state as registered gent and agative to the proper and compation as registered agent.	ted corporation at the pla gree to act in this capacity

10. Attached is a certificate of existence duly authenticated, not more than 90° bys prior to delivery of this application to the Department of State, by the Secretary of State or other official having custo by of corporate records in the jurisdiction under the law of which it is incorporated.

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A. DIRECTORS			
□ Chairman	Name: WALTER D. PURSER	□Chairmand 1	Name:
□Vice Chairman	Address:	□Vice Chaim:3n	Address:
□Director	WAXHAW, NC 28173	Durector	
President		\Box President $\frac{\partial h}{\partial x}$.1
□Vice President		□Vice President	
Secretary	☐Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□Chairman 1	Name:
□Vice Chairman	Address:	□Vice Chairm: a	Address:
□Director		Director	
□President		☐ President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary 1	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□ Chairman · ·	Name:
□Vice Chairman	Address:	□Vice Chairm≀n	Address:
Director		□Director ·	
□President		□President	
□Vice President		□Vice Preside…	
☐Secretary	□Treasurer	□ Secretary (2)	Treasurer
Other	Other	□Other	
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12	Watter D Pur	ser	
The officer or due she is aware that it s.817.155, F.S.	ector signing this document (and who is listed in n false information submitted in a document to the D	umber 11 above) affirm, that department of State constitut	at the facts stated herein are true and that he or les a third degree felony as provided for in
WALTER D), PURSER, President		

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

(((H22000152640 3)))

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

WCSI, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of February, 2006, 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 27th day of April, 2022.

Elaine & Marshall