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SECRETATION FOR SECRETARY OF THE SECRETA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Hunter Slaton Enterprises Inc. DBA US Ta	x Express		
Name of corporation	n - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the		
Please return all correspondence concerning this matte	r to the following:		
Hunter E Staton Jr			
Name of	Person		
Hunter Slaton Enterprises, Inc. DBA US Tax Express			
Firm/Cor	npany		
2031 Lynx Run			
Addr	ress		
North Port, FL 34288			
City/State a	and Zip code		
hunterslaton@aol.com			
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please	call:		
Hunter Slaton 704	le Daytime Telephone Number		
Name of Person Area Coc	le Daytime Telephone 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		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	F OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, 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.

. Hunter Staton E	interprises inc.				
(Enter name of c	corporation; must include "INCORPORAT" Corp.," "Inc.," "Co.," or "Corp.")	ED," '	"COMPANY," "CORPORATION,"		
DBA US Tax E	xpress				
(If name unavail	able in Florida, enter alternate corporate na	me ade	opted for the purpose of transacting business in Flori	da)	
North Carolina			3 56-2152583		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
07/22/1999		5			
	of incorporation)	-''- —	(Date of duration, if other than perpetual)		
1/24/2022					
<u> 2031 </u>	Lynx Run Nor	th	2. F.S., to determine penalty liability) Port Fl 34388 street address)	2022	
	(Current ma	tiling a	address, if different)	2022 MAY	
. Name and <u>stre</u>	et address of Florida registered agent (P.O. I	Box NOT acceptable)	19	
Name:	Hunter Edwards Slaton Jr			- A	
Office Address:	2031 Lynx Run		- ORIC	7: 09	
	North Port		, Florida 34288	· W	
	(City)		(Zip code)		

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.

(Registered agent's signature)

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.

A. DIRECTORS							
□Chairman	Name: Hunter E Slaton Jr	□Chairman	Name:				
□Vice Chairman	Address: 2034 Lynx Run, North Port FL 34255	□Vice Chairman	Address: 3817 Melshire Lane, Charlotte, NE 28469				
□Director		□Director					
■ 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:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	Treasurer				
□Other		□Other	□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged 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 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.817.155, F.S.							
13. Hunter E Slaton Jr							



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

HUNTER SLATON ENTERPRISES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of July, 1999, 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 3rd day of May, 2022.

Secretary of State

Elaine I Marshall

Certification# 113531803-1 Reference# 18741112- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification