P2200003933

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



000388559610

06/07/22--01021--012 **87.50

2022 Jun - 7 PH 7: 28

S. FRANKLIN
JUN 2 3 2022

COVER LETTER

| _ | ation Section n of Corporations | | | | |
|---|---|--|--|--|--|
| SUBJECT: | American Dainag Name of corporation | one Systems, | INC. | | |
| Dear Sir or Ma | dam: | | | | |
| "Certificate of: | Application by Foreign Corporation for Existence," or "Certificate of Good Standard foreign corporation to transact busings." | anding" and check are subm | | | |
| Please return al | I correspondence concerning this matt | ter to the following: | | | |
| | Debhio Author | ΔM | | | |
| | Name o | of Person | | | |
| | American Brain | age Sustems | INC. \$ | | |
| | Firm/Co | ompany |) - 1. C | | |
| | 6415 Robinson F | 4 | | | |
| | Ado | dress | | | |
| | Waxhaw, NC 2 City/State | 18173 | ش: ا | | |
| | | | 1 . 89 | | |
| | lanthony@american | <u>wdrainhae</u> sys | stems, com | | |
| | E-mail address: (to be used | d for future annual report no | otification) | | |
| For further info | rmation concerning this matter, please | e call: | | | |
| |) | OLL BOILS | | | |
| >10hNC | of Person Area Co |) 907-994B | N | | |
| name | of Person Area Co | ode Daytime Telepho | one Number | | |
| STRE | ET/COURIER ADDRESS: | MAILING AD | DDRESS: | | |
| Registration Section | | | Registration Section | | |
| Division of Corporations The Centre of Tallahassee Division of Corporations P.O. Box 6327 | | | | | |
| 2415 N | . Monroe Street, Suite 810 ssee, FL 32303 | P.O. Box 6327 Tallahassee, FL 32314 | | | |
| | neck for the following amount: | | | | |
| | ck payable to: FLORIDA DEPARTMEN | | 507 50 FT F | | |
| □ \$70.00 Filin | g Fee | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| KEGISTER A FO | REIGN CORPORATION TO TRANSACT BU | ATUTES, THE FOLLOWING IS SUBMITTED USINESS IN THE STATE OF FLORIDA. | TO |
|----------------------|--|--|-------------------------|
| 1. Imer | Man Drainage Sustem | s INC | |
| (Enter name of a | CORPORATED," Corp." "Inc," "Co," or "Corp." | "COMPANY," "CORPORATION," | |
| тс., со., с | orp," "inc," "Co," or "Corp.") | | |
| | | | |
| (If name unavail | able in Placida annuali | | |
| ks en | A / | lopted for the purpose of transacting business in Fl | orida) |
| 2. 100 | h Carolina 3. | <u>58-2572901</u> | |
| (State or count | h Carolina y under the law of which it is incorporated) | (FEI number, if applicable) | |
| 4 | <u> </u> | | |
| (Dåte | of incorporation) | (Date of duration, if other than perpetual) | |
| 6 | 6/1/2022 | | |
| | (Date first transacted business in F | lorida, if prior to registration) | |
| 1 1 | (SBE SECTIONS 607.1501 & 607.150) | | |
| 7. 6413 | Kobinson Rd Waxhau | | |
| / · · · · · · · | (Principal office | • | |
| 6415 K | lobinson Rd. Waxhau | NC 28173 | |
| | (Current mailing | address, if different) | 07 |
| | | | 7022 J |
| 8. Name and stree | <u>st address</u> of Florida registered agent: (P.O. I | Box NOT acceptable) | ن . ئىشى |
| Name: | Cogency Global, I, | | 1 |
| Office Address: | 115 N Calhoun St. | | P-1 |
| | Tallahassee | Floride 32307 | ! |
| | /a/lahassee (City) | (Zip code) | $\stackrel{\sim}{\sim}$ |
| 9. Registered age | | . , , | |
| Having been name | nt's acceptance: 2d as registered agent and to accept service. | of process for the above stuted corporation at | t die endere |
| gesignaica in nas- | uppucuuon. I neredy accent the annoimme | If as registered agent and agence to not be able | and to F |
| juriner agree ar co | imply with the provisions of all statutes rela | live to the proper and complete our Company | of my duties, |
| and ram jumatur | with and accept the obligations of my positi | on as registered agent. | |
| | , | | |
| | The R | | |
| | (Registered agent's signa | (ture) | |
| 10 40 1 11 | • | , | |
| the pelvirunian of r | ertificate of existence duly authenticated, not State, by the Secretary of State or other officials in the Indiana. | more than 90 days prior to delivery of this apial having custody of corporate records in the j | plication to |

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

under the law of which it is incorporated.

| A. DIRECTORS | A | | | | | | |
|---|---|------------------------|--------------|------------|--|--|--|
| □Chairman | Name John Case | □ Chairman | Name: | | | | |
| □Vice Chairman | Address: 6415 Robinson Rd. | □Vice Chairman | Address: | | | | |
| □Director | Waxhaw NC 28173 | □Director | | | | | |
| ☑President | <u> </u> | □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 | | 2072 | | | |
| ☐ Secretary | ☐Treasurer | □Secretary | | ☐Treasurer | | | |
| Other | Other | □Other | _ | Other | | | |
| | | | | P: - | | | |
| 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 | | | |
| 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. | | | | | | | |
| 14 | 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. (Typid or printed name and capacity of person signing application) | | | | | | | |
| | (1) go or printed name and capacity of person | ar signing application | 1) | | | | |



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

AMERICAN DRAINAGE SYSTEMS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of April, 2001, 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 2nd day of June, 2022.

Elaine & Marshall