(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	TIAW [MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300392244533

2022 AUG 17 AH II: 26

S. ROBERTS AUG 1 7 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 889163 7999655					
AUTHORIZATION: Smell of man					
COST LIMIT : \$70.00					
ORDER DATE : August 17, 2022					
ORDER TIME : 10:58 AM					
ORDER NO. : 889163-005					
CUSTOMER NO: 7999655					
FOREIGN FILINGS					
NAME: TOBACCO RAG PROCESSORS, INC.					
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER: _____

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

Division of Corporations	
SUBJECT: Tobacco Rag Processors, Inc.	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Brian Tascher, CFO	
Nam	e of Person
Tobacco Rag Processors, Inc.	
Firm/	Company
PO Box 498	
А	Address
Black Creek, NC 27813	
City/Sta	ate and Zip code
btascher@tobaccorag.com	
	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Craig Koenigs at (20	02) 216-8317
Name of Person Area	
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: FI.ORIDA DEPARTM \$\times \frac{1}{2} \\$70.00 Filing Fee \$\times \text{Certificate of Status}\$	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

1. Tobacco Rag P	rocessors, Inc.				
	orporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
TRP, Inc.					
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busing	ess in Florida	a)
2. North Carolina		3.	56-2203637		
(State or countr	y under the law of which it is incorporated))	(FEI number, if applicable	:)	_
4. June 30, 2000		5	Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		_	
6. August 17, 202	2				
·	(Date first transacted busines		Florida, if prior to registration)	·· · · · · · · · · · · · · · · ·	
	(SEE SECTIONS 607.1501 & 60	7.15	i02, F.S., to determine penalty liability)		
74744 Potato Hoi	use Court, Wilson, NC 27893				
	(Principal	offi	ce street address)		
PO Box 498, Bia	ack Creek, NC 27813				
	(Current ma	ilin	g address, if different)	۲,	2
					100 100 100 100 100 100 100 100 100 100
8. Name and street	t address of Florida registered agent: (P.C). Box NOT acceptable)		2422 AUG
Name:	Corporation Service Company			9 park	7
Office Address:	1201 Hays Street			C	AH :
	Tallahassee		, Florida	· '	10: 1:
	(City)		(Zip code)		ΩI

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.

Corporation Service Company

By: Tylus (fates

(Registered agent's signature)

Tyler Yates Assistant 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 Name: Thomas Davis Miller Name: William David Cohen ○Chairman ○ □ Chairman □Vice Chairman Address: 4901 Overlook Drive ☐ Vice Chairman Address: 6416 N. Browntown Road □ Director Elm City, NC 27822 ☐ Director Battleboro, NC 27809 □President □ President □Vice President _ ☐ Secretary □ Treasurer Treasurer ☐ Secretary **⊠Other** CEO Other ___ Other ____ ☐ Other Name: Bobby Joe Johnson Name: Thomas Jackson Rhodes □ Chairman □ Chairman Address: 2711 Deerfield Lane □ Vice Chairman Address: 922 Brookside Drive ☐ Vice Chairman Wilson, NC 27896 **⊠**Director Wilson, NC 27893 2 Director ☐ President ☐ Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer ☐Other _____ □Other____ Other____ Other ____ Name: Brian Thomas Tascher Name: Steven Michael Aloi Chairman □Chairman □ Vice Chairman Address: 10912 Grand Journey Avenue Address: 106 Grady Court ☐ Vice Chairman Raleigh, NC 27614 Morehead City, NC 28557 **⊠**Director Director □ President ☐ President □Vice President ____ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer MOther CFO □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 independen filing your Florida Department of State Annual Report form. 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 \$.817.155, F.S.

13. Brian Thomas Tascher, Director and CFO

A. DIRECTORS Name: Michael Anthony Little Sr. □ Chairman □Chairman □Vice Chairman Address: 299 Rock Church Road □Vice Chairman Address: Clarksville, VA 23927 Director | □ Director □ President □ President □Vice President ____ ☐ Vice President □ Secretary □ Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other _____ □ Other _____ □Other ____ Name: ____ □Chairman ☐ 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 _____ □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.

2. 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. Brian Thomas Tascher, Director and CFO



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

TOBACCO RAG PROCESSORS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of June, 2000, 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 11th day of August, 2022.

6 laine I. Marshall

Secretary of State

Certification# 114095490-1 Reference# 18960681- Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification

COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	Tobacco Rag Processors	, Inc.			
		ne of corporation -	must inclu	de suffix	
Dear Sir or M	fadam:				
"Certificate o	"Application by Foreign of Existence," or "Certific need foreign corporation to	ate of Good Stand	ing" and ch	neck are sub-	
Please return	all correspondence conce	rning this matter t	o the follov	ving:	
Brian Tascher	, CFO				
		Name of P	erson	-	
Tobacco Rag	Processors, Inc.				
		Firm/Comp	any		
PO Box 498					
		Addres	s	<u> </u>	
Black Creek, I	NC 27813				
		City/State and	d Zip code		
blascher@tob					
	E-mail addr	ess: (to be used fo	r future anr	iual report n	otification)
For further in	formation concerning this	s matter, please ca	II:		
Craig Koenigs		at (202) 216-8311	7	
Nam	e of Person	Area Code Daytime Telephone Number		none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Re Di P.G	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	-	DEPARTMENT O	OF STATE \$78.75 Fili Certified C	_	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy