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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: Site Resources of Cary, INC.			
SODI		orporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corpo ficate of Existence," or "Certificate of referenced foreign corporation to trans	Good Stand	ding" and check are submitted	
Please	return all correspondence concerning	this matter	to the following:	
Nicole	Cotter			
		Name of I	Person	1200
Site R	esources of Cary, INC.			
		Firm/Com	pany	
601 C	ascade Pointe Ln. Suite 103			
		Addre	rss	
Cary,	NC 27513			
***	(City/State ar	nd Zip code	
N.cott	er@siteresourcesinc.net			
	E-mail address: (1	to be used f	or future annual report notifica	tion)
For fu	orther information concerning this matt	er, please c	all:	
Nicole	e Cotter	607	434-6317	
	Name of Person	Area Code	Daytime Telephone N	umber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions
Please	sed is a check for the following amount make check payable to: FLORIDA DEP 0.00 Filing Fee	ARTMENT	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavail	able in Florida, enter alternate corporate name:	adopted for the purpose of transacting business in Florida)
Alamba Canalina	·	, , , , , , , , , , , , , , , , , , , ,
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
		02, F.S., to determine penany haomity)
	pinte Ln Suite 103, Cary NC 27513	ce <u>street</u> address)
	(<u></u> ,
	(Current mailin	g address, if different)
	•	,
Name and <u>stre</u>	et address of Florida registered agent: (P.C). Box <u>NOT acceptable</u>)
	et address of Florida registered agent: (P.C Nicole Cotter). Box <u>NOT</u> acceptable)
Name:	Nicole Cotter	P. Box <u>NOT</u> acceptable)
	Nicole Cotter 10209 White Linen Ave.	
Name:	Nicole Cotter	

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: Chairman Name: ______ Address: 10209 white fuck ☐ Vice Chairman □Vice Chaiπnan Address: □Director □ Director Nicole Cotter **X**President □ President □Vice President ☐ Vice President □Treasurer □ Secretary □ Secretary □ Treasurer □Other _____ □ Other _____ □Other □Other Name: Amy Edge Name: □ Chairman □ Chairman WESTON ESTATES Way □Vice Chairman Address: Morrisville NC 2756 □ Director □ Director □President □President ☐ Vice President □Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer □Other CEO Other □ Other _____ □Other _____ Name: _____ □Chairman Chairman □Vice Chairman Address: _____ Address: □ Vice Chairman □ 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. Siele CA 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.



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

SITE RESOURCES OF CARY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of January, 2022, 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.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of August, 2022.

Elaine I Marshall