# F22000005588

| (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: |
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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

09/01/2022

| D  | ate:                     | 09/01/2022                          |        | air DW   |
|--|--------------------------|-------------------------------------|--------|----------|
|  | <del></del>              | Acc#1201600                         | 000072 | anic Jar |
| Name:  | Aspen In                 | vestments, Inc                      |        |          |
| Document #:  |                          |                                     |        |          |
| Order #:   | 1452105                  | 0                                   |        |          |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification: |                          | Country of Desti<br>Number of Certs |        |          |
| Availability  Document Examiner Updater Verifier   | Certif<br>Plain:<br>COGS |                                     |        |          |
| W.P. Verifier<br>Ref#  |                          |                                     |        |          |

Thank you!

## **COVER LETTER**

| Division of Corporations          |                               |   |  |
|-----------------------------------|-------------------------------|---|--|
| SUBJECT: Aspen Investments.       | Tine.                         |   |  |
|                                   | Name of corporation - mus     | st include suffix   |  |
| Dear Sir or Madam:                |                               |   |  |
|                                   | ertificate of Good Standing"  | rization to Transact Business in Florida," and check are submitted to register the Florida. |  |
| Please return all correspondence  | concerning this matter to the | following:  |  |
| Joseph Exum Lewis                 |                               |   |  |
| <del></del>                       | Name of Person                | 3   |  |
| Aspen Investments, Inc.           |                               |   |  |
| ······                            | Firm/Company                  |   |  |
| 10025 US 264 Alternate            |                               |   |  |
|                                   | Address                       |   |  |
| Middlesex, NC 27557               |                               |   |  |
|                                   | City/State and Zip            | prode   |  |
| paul.conover@excelsiorequity.c    | ·                             | , 2002  |  |
|                                   |                               | ure annual report notification)   |  |
|                                   |                               |   |  |
| For further information concerni  | ng this matter, please call:  |   |  |
| Joseph Exum Lewis                 | 984 . 9                       | 60-9714   |  |
| Name of Person                    | at ( <u>)</u><br>Area Code    | Daytime Telephone Number  |  |
|                                   |                               | ·   |  |
| STREET/COURIER A                  | ADDRESS:                      | MAILING ADDRESS:  |  |
| Registration Section              |                               | Registration Section  |  |
| Division of Corporations          |                               | Division of Corporations  |  |
| The Centre of Tallahassee         |                               | P.O. Box 6327   |  |
| 2415 N. Monroe Street, Suite 810  |                               | Tallahassee, FL 32314   |  |
| Tallahassee, FL 32303             |                               |   |  |
| Enclosed is a check for the follo |                               |   |  |
| Please make check payable to: FLC |                               |   |  |
| _                                 | _                             | .75 Filing Fee & S87.50 Filing Fee.   |  |
| Ca                                | rtificate of Status Cer       | tified Conv. Certificate of Stati   |  |

## 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.

| Aspen Investme  | ents, Inc.   |  |   |            |
|---|--|--|---|------------|
|   | orporation; must include "INCORPORATEI<br>forp." "Inc." "Co." or "Corp.")  | D." "COMPANY," "CORPORATIO   | N."   | -          |
| Aspen Outdoo  | rs. Inc.   |  |   |            |
| (If name unavail  | able in Florida, enter alternate corporate nam   | ne adopted for the purpose of transacti  | ng business in Florida)                         | -          |
| North Carolina 3.   |  | 56-1816420   |   |            |
|   | y under the law of which it is incorporated)   | (FEI number, if a  | (FEI number, if applicable)                     |            |
| 4. February 26, 19  | 1/4 T  |  |   |            |
| (Date   | of incorporation)  | (Date of duration, if other  | (Date of duration, if other than perpetual)     |            |
| 6.  |  |  |   | _          |
|   | (Date first transacted business  | s in Florida, if prior to registration)<br>1502, F.S., to determine penalty liabil   | lity)   |            |
| 7. 10025 US 264 A   | Iternate, Middlesex, NC 27557  |  |   | _          |
| 1   | (Principal o   | ffice street address)  |   |            |
|   |  |  | 202   |            |
|   | (Current mai   | ling address, if different)  | 2 SEP   |            |
|   |  | NO D. MOT  |   | الم<br>الم |
| 8. Name and stre  | et address of Florida registered agent: (F   | 2.O. Box <u>NOT</u> acceptable)  | -2<br>-2  | EAX<br>EAX |
| Name:   | C T Corporation System   |  |   | Y \ Y      |
| Office Address:   | 1200 South Pine Island Road  |  | AMII: 02<br>OF STAIR<br>ELFLORES                | C          |
|   | Plantation   | <br>, Florida  | 02  |            |
|   | (City)   | (Zip code)   |   |            |
| Having been nan<br>designated in this<br>further agree to c<br>and I am familia | ent's acceptance: ned as registered agent and to accept set s application, I hereby accept the appoin comply with the provisions of all statutes r with and accept the obligations of my p  T Corporation System  /s/ David Westcot  (Registered agent's | ntment as registered agent and agons relative to the proper and complete position as registered agent.  1. Assistant Secretary | ree to act in this capa<br>ete performance of m | icity. I   |
|   | . (Registered agent s  | s signature)   |   |            |

<sup>10.</sup> 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  | Jacob Coron Loude              |                 | Russell Louis Peele               |  |  |
|---|--------------------------------|-----------------|-----------------------------------|--|--|
| <b>■</b> Chairman   | Name: Joseph Exum Lewis        | □Chairman       | Name:                             |  |  |
| □Vice Chairman  | Address: 5208 Park Manor Court | □Vice Chairman  | Address: 88 Intracoastal Overlook |  |  |
| □Director   | Raleigh, NC 27614              | □Director       | Hampstead, NC 28443               |  |  |
| ■ President   |                                | □President      |                                   |  |  |
| □Vice President   |                                | ■Vice President |                                   |  |  |
| □Secretary  | □Treasurer                     | ☐ Sceretary     | □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  | □Othe:                         | □Other          | □Other                            |  |  |
| □Chairman   | Name;                          | □Chairman       | Name:                             |  |  |
| □Vice Chairman  | Address:                       | □Vice Chairman  | Address:                          |  |  |
| □Director   | <u> </u>                       | □Director       |                                   |  |  |
| □President  |                                | □President      |                                   |  |  |
| □Vice President   |                                | □Vice President |                                   |  |  |
| ☐ Secretary   | ☐ Treasurer                    | □Secretary      | □Treasurer                        |  |  |
| □Other  | □Other <u>·</u>                | □Other          |                                   |  |  |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals are provided to the index when filing your Florida Department of State Annual Report form.  12. |                                |                 |                                   |  |  |

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 8.817.155, 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

### ASPEN INVESTMENTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of February, 1993, 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 31st day of August, 2022.

Elaine I Marshall

Secretary of State