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COVER LETTER

	stration Section sion of Corporation	ons		
SUBJECT:	Accent Imaging,	Inc.		
		Name of corporation -	must include suffix	
Dear Sir or M	Iadam:			
"Certificate of	of Existence," or	Foreign Corporation for A Certificate of Good Standi oration to transact business	ng" and check are submi	
Please return	all corresponden	ce concerning this matter to	the following:	
Michael Stode	ler			
		Name of Pe	rson	
Accent Imagir	ig, Inc.			
	<u>-</u>	Firm/Comp.	iny	
8121 Brownle	igh Drive			
_		Addres	3	
Raleigh, NC 2	7617			
		City/State and	l Zip code	
mstodder@acc	centimaging.com			
	E-n	nail address: (to be used for	future annual report not	ification)
For further in	formation concer	ning this matter, please cal	1:	
Michael Stodd	ler	919 at () 926-3075 Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telepho	ne Number
Regi Divis The (2415	EET/COURIER stration Section sion of Corporatio Centre of Tallaha N. Monroe Stree hassee, FL 3230	ons ssee t, Suite 810	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	ing Fee	ORIDA DEPARTMENT (78.75 Filing Fee &		\$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.

Accent Imaging	, Inc.		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida
2. North Carolina	3	56-1421579	
	y under the law of which it is incorporated)	(FEI number, if applicabl	e)
June 7, 1984	5		
(Date	of incorporation)	(Date of duration, if other than pe	rpetual)
6			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 6306 Benjamin R	oad - Suite 615 Tampa, FL 33634	one, i.e., to determine penalty identity,	
·		fice street address)	
8121 Brownleigh	Drive Raleigh, NC 27617		
	(Current maili	ng address, if different)	2023
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	•7
Name:	Michael Stodder		33
Office Address:	6306 Benjamin Road - Suite 615		• •
	Tampa	, Florida <u>33634</u>	 == >>
	(City)	(Zip code)	. ა

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: Michael Stodder	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Raleigh, NC 27617	□Director	
■President		□President	
□Vice President		□Vice President	
□Secretary	■ Treasurer	□Secretary	□Treasurer
Other	□Other	□Other	[]Other
Figure	Kristie Stodder	C.C.	N
□Chairman	Name:	□ Chairman	
□Vice Chairman	Address:Raleigh, NC 27617	□Vice Chairman	Address:
Director		□Director	
□President		□President	-
		□Vice President	
■ Secretary	□Treasurer	□Secretary	□ Treasurer
Other	Other	Other	
□Chairman	Steven Stodder	□Chairman	Name:
	8121 Brownleigh Drive		Address:
□ Director	Raleigh, NC 27617	□ Director	Address.
□President		□President	
■Vice President		□Vice President	
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	nt of State Annual Re	Report form.
12	Signature of Director of	r Officer	
	etor signing this document (and who is listed in number alse information submitted in a document to the Department		
, Michael Stoo	dder		

(Typed or printed name and capacity of person signing application)

13.



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

ACCENT IMAGING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of June, 1984, 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 23rd day of February, 2023.

Elaine I Marshall

Secretary of State

Certification# 115559486-1 Reference# 19562039- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification