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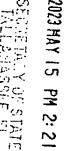
(Requestor's Name)	
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PICK-UP WAIT	MAIL
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### **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations					
SUBJECT: Grey Seal Puppets, In	ic.				
	Name of co	orporation -	must include suffix		
Dear Sir or Madam:					
The enclosed "Application by Fore "Certificate of Existence," or "Cer above referenced foreign corporati	tificate of (	Good Standi	ing" and check are submit		
Please return all correspondence co	oncerning t	his matter to	o the following:		
Drew Allison					
		Name of Po	erson		
Grey Seal Puppets					
		Firm/Comp	any		
PO Box 11902					
		Addres	s		
Charlotte, NC 28220					
	C	ity/State and	l Zip code	<del></del>	
drew@greysealpuppets.com					
E-mail	address: (to	be used for	r future annual report noti	fication)	
For further information concerning	g this matte	r, please cai	l:		
Drew Allison	at (	704	589-1304		
Name of Person	\	Area Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
•		RTMENT C		☐ \$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.

	able in Florida, enter alternate corporate name ad	·		
2. North Carolina	3.	(FEI number, if applicable)		
4. January 1, 1988	5 5		<del></del>	
(Date	e of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)	
6.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
7. 6335 Wyndham l	Hill Drive, Charlotte, NC 28269			
PO Box 11902, 0	(Principal office Charlotte, NC 28220	street address)		
	(Current mailing	address, if different)	<del></del>	
8. Name and stree	et address of Florida registered agent: (P.O.   Registered Agents Inc.	Box NOT acceptable)	2023 HAY 15 SECRETARY TALLAHA	
Office Address:	7901 4th St N, STE 300	_	HAY 15 P	
	St. Petersburg	, Florida <u>33702</u>	PM 2:	
	(City)	(Zip code)	2: 2	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme, comply with the provisions of all statutes rela r with and accept the obligations of my posit	nt as registered agent and agre utive to the proper and complet	e to act in this capacity. I	

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: Drew Allison	⊡Chairman	Name:				
□Vice Chairman	Address: PO Box 11902	□Vice Chairman	Address:				
□Director	Charlotte, NC 28220	□Director					
<b>■</b> 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	<del></del>				
∏Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	⊡Other		□Other			
[]Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman					
Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		□Treasurer			
Other	Other	□Other	<del></del>	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.							
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. Drew Allison, President

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



## 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

### GREY SEAL PUPPETS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of January, 1988, 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 9th day of May, 2023.

Elaine J. Marshall

Secretary of State