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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
	 	
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporation	S			
SUBJECT: PDA Leasing, Inc.				
		- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpor	ertificate of Good Stan	ding" and check are sub-		
Please return all correspondence	concerning this matter	to the following:		
Shannon Ruffing				
	Name of	Person	·	
Piedmont Door Automation, LLC				
	Firm/Con	pany		
628 Griffith Rd Ste G				
	Addre	ess		
Charlotte, NC 28217				
	City/State a	nd Zip eode		
corp@piedmontds.com				
E-ma	il address: (to be used f	or future annual report n	otification)	
For further information concern	ng this matter, please c	all:		
Shannon Ruffing	704 at (527-5711	Daytime Telephone Number	
Name of Person	Area Cod	e Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314	
-	RIDA DEPARTMENT	OF STATE] \$78.75 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.

PDA Leasing, I	nc.		
	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 business	in Florida)
2. NC	3	n/a	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 12/22/2014	5		
	of incorporation)	(Date of duration, if other than perpet	ual)
6.			
	(Date first transacted business)	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 628 Griffith Rd S	te G Charlotte, NC 28217		
·· 	(Principal of	fice <u>street</u> address)	
	(Current maili	ng address. if different)	
			200
8. Name and street	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	_
Name:	William Sprigg		
Office Address:	2223 2nd Ave N Suite B113		
	Lake Worth	, Florida 33461	· n
	(City)	(Zip code)	. 95

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.

William L. Spring II
(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 Chris Mitchell Chairman Name: Name: ____ □ Chairman 377 Winfield Blf □ Vice Chairman Address: □ Vice Chairman Address: Dawsonville, GA 30534 □Director □ Director President □ President □Vice President ____ □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □ Other _____ Other □Other Other _____ Patrick Keane □ Chairman Name: □ Chairman Name: _____ 6901 Cameron Glen Dr □ Vice Chairman Address: □ Vice Chairman Address: Charlotte, NC 28210 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 ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed indiviouals 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. Chris Mitchell



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

PDA LEASING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of December, 2014, 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 19th day of September, 2023.

Elaine I Marshall

Secretary of State

Certification# 117655880-1 Reference# 20436953- Page: Fof 1 Verify this certificate online at https://www.sosne.gov/verification