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Carried Comments

### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Southeastern Educat	ional Toy and Book Dis	tributors, Inc.		
~ C 2 4		Name of corporation	- must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by For Teate of Existence," or "Ce referenced foreign corporat	rtificate of Good Stan	ding" and check are subr	t Business in Florida," nitted to register the	
Please	return all correspondence o	concerning this matter	to the following:		
Gary C	dom				
		Name of	Person		
Southe	astern Educational Toy and B	ook Distributors, Inc.			
		Firm/Com	pany		
3301 J	ones Sausage Road, Suite 111				
	V.O. 0.7.7011	Addro	ess		
Gamer	, NC 27529 				
Lie-C-		City/State at	nd Zip code		
Lisa.F¢	re@sebks.com	address (to be sound f	or future annual report no		
			•	otification)	
For fur	ther information concerning	g this matter, please c	all:		
Gary O	dom	919	954-0140		
	Name of Person	Area Code	_) 954-0140 Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:		uite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please n	nake check payable to: FLOR 00 Filing Fee   \$\Boxed\$ \$78.7	IDA 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.

Littlier name of co	ucational Toy and Book Distributors, Inc.		
"Inc.," "Co.," "Co	orporation; must include "INCORPORATED," * prp." "Inc.," "Co," or "Corp.")	COMPANY," "CORPORATION	v."
(If name unavaila)	ple in Florida enter all		
North Carolina	ole in Florida, enter alternate corporate name add	opted for the purpose of transactir	ng business in Florida)
(State or country May 2008	under the law of which it is incorporated)	(FEI number, if ap	oplicable)
(Date of	f incorporation) 5	(Date of duration, if other	than perpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liabili	
3301 Jones Sausage	Road, Suite 111, Gamer, NC 27529		
	(Principal office	street address)	
	(Current mailing ac	ddress, if different)	
Name and street	address of Florida registered agent: (P.O. B	lox NOT acceptable)	
	0,		
fice Address:	Orlando (Ciry)	- 3 Suite 113	20
	01.1mgo	Florida 32811	23 0 
	(City)	(Zip code)	C7
Registered ager aving been name esignated in this a	nt's acceptance: d as registered agent and to accept service of application, I hereby accept the appointmen	of process for the above stated t as registered agent and agre	corporation at the place to act in this capacity
	mply with the provisions of all statutes relativith and accept the obligations of my position		e performance of my di
	() () 2		
	(Registered agent's signat		

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				
Chainnan	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Garner, NC 27529	□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		
☐ Secretary	Treasurer	□ Secretary		□Treasurer
Other	Other	Other	<del></del>	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	<del> </del>	□Other
individuals may be	Jse an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ment of State Annual Rep	port form.	
12	Signature of Directo	or or Officer	··· <u></u>	<del></del> -
The officer or direct she is aware that fails s.817.155, F.S.	tor signing this document (and who is listed in num see information submitted in a document to the Dep	ber 11 above) affirms tha	at the facts state es a third degre	ed herein are true and that he or see felony as provided for in

13. Gary Odom, President



## 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 ereby certify that

### SOUTHEASTERN EDUCATIONAL TOY AND BOOK DISTRIBUTORS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, aving been incorporated on the 6th day of May, 2008, with its period of duration being erpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's rticles of incorporation are not suspended for failure to comply with the Revenue Act of he State of North Carolina; that the said corporation is not administratively dissolved for ailure to comply with the provisions of the North Carolina Business Corporation Act; hat its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to he 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 4th day of October, 2023.

Elaine I Marshall

Secretary of State