Division of Corporations

Florida Department of State Pickson Corporation Elderonic Ling Cler Share

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future ... annual report mailings. Enter only one email address please.

===	Email	Address:_	
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FOREIGN PROFIT/NONPROFIT CORPORATION Working Fire Furniture & Mattress Co. Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2023 NOV 30 PH 3: 51

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DEC 0 1 2023

K. Brumbley

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.

1. Working Fire Fu	irniture & Mattress Co. Inc.					
	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATIO	",иС			
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)			
North Carolina	3					
	y under the law of which it is incorporated)	(FEI number, if a	(FEI number, if applicable)			
06/22/2017	-					
·(Date	of incorporation)	(Date of duration, if other	er than normatual)			
\ Date	of mediposition)	(izate of duration, if office	r man perpendar)			
·						
	(Date first transacted business in I-					
	(SEE SECTIONS 607.1501 & 607.150)	2. F.S., to determine penalty liab	ility)			
, 7901 4th St N ST	E 300 St. Petersburg Ft. 33702					
-	(Principal office	street address)				
7901 4th St N ST	E 300 St. Petersburg FL 33702					
	(Current mailing	address, if different)	. 8			
		,	231			
Name and street	et address of Florida registered agent: (P.O.	Day MOT agantubia)	2023 NOV 30			
. Name and <u>stree</u>		box NOT acceptance)	三年十四 温红			
Name:	Registered Agents Inc					
	7901 4th St N STE 300		PH			
Office Address:			ယှ			
	St. Petersburg	. Florida 33702	. 50			
	(City)	(Zip code)	فبو			
	` ','	/=-6				

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.

David Goverts		
	(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.

11/30/2023 08:16:22 PST	•	To: 18506176383	Page: 3/4	From: Registered Agents Inc	Fax: 8134365206

A. DIRECTORS					
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
☑Director	7901 4th St N STE 300	L1Director			
☑President	St. Petersburg FL 33702	□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	<u></u>		
□Vice President		□ Vice President			
□Secretary	□Treasurer	□ Secretary	!	□Treasurer	
□Other		□Other	<u></u> i	Other	
□Chairman	Name:	□Chairman	Name:		
⊔Vice Chairman	Address:	LJVice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·	
□Director		□ Director			
□President		□ President			
□Vice President		□Vice President			
Secretary	☐ Treasurer	□ Secretary	[∃Treasurer	
□Other	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 individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. **Control Dunn** 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.

, E. Brandon Dunn, 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 hereby certify that

WORKING FIRE FURNITURE & MATTRESS CO, INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of June, 2017, 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 27th day of November, 2023.

Elaine I. Marshall

Secretary of State