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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:10/28/2024
Name: Patrice Rush
Reference #: 2521786
Entity Name: UES PROFESSIONAL SOLUTIONS 29, INC.
✓ Articles of Incorporation/Authorization to Transact Business
☐ Amendment
☐ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
Fictitious Name
Other
Authorized Amount: \$70.00
Signature: () All

F: +852.2682.9790

COVER LETTER

TO:	FO: Registration Section Division of Corporations					
SURI	ECT:	UES PROFES	SSIONAL S	OLUTIONS 29, IN	IC.	
500		Name of corpora	tion - must	include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence."	by Foreign Corporation or "Certificate of Good! orporation to transact bu	Standing'' a	ınd check are subn		
Please	return all correspon	dence concerning this ma	atter to the	following:		
		Name	of Person			
		Firm/0	Company			
		A	ddress			
		City/Sta	ite and Zip	code		
		E-mail address: (to be us	sed for futu	re annual report no	otification)	
For fu	rther information co	ncerning this matter, plea	ase call:			
	Name of Person	at (Area) Code	Daytime Teleph	none Number	
	STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, F1, 3	IER ADDRESS: on rations lahassee street, Suite 810		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	DDRESS: ection reporations	
Please		e following amount: b: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 75 Filing Fee & fied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

under the law of which it is incorporated.

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.

/ICuama manailak	ole in Florida, enter alternate co	roorata nama ade	antad for the purpose of transac	ting husiness in Florida)	-	
	Nada Caralina					
· (State or country	under the law of which it is inco	3 orporated)	(FEI number, if	applicable)	-	
(Date o	05/26/2005 of incorporation)		perpetual (Date of duration, if other than perpetual)			
	(SEE SECTIONS 607.1		orida, if prior to registration) , F.S., to determine penalty liab	pility)	_	
			Pineville, NC 28134			
			ddress, if different)			
		samen manne	adiess, ii different,			
Name:	address of Florida registered Cogency Globa 115 North Calhoun Str	Lagent: (P.O. I		2924 OCT 28 3624 OCT 28 3637 AA	= A	
Name:	address of Florida registered Cogency Globa	l agent: (P.O. I	Box <u>NOT</u> acceptable)	M24 OCT 28 PH	בר הם האלים האלם האלים האלם האלים האלים האלים האלים האלים האלים האלים האלים האלים האלים האלים האלים האלים האלים האלים האלים האלם האלים האלם השל השל השל השל השל השל השל השל השל השל	
	address of Florida registered Cogency Globa 115 North Calhoun Str	l agent: (P.O. I	Box <u>NOT</u> acceptable)	**************************************	F AND	
Name: Office Address: Office Address:	address of Florida registered Cogency Globa 115 North Calhoun Str Tallahassee, Fl	l agent: (P.O. Inc.) reet, Suite 4 orida accept service the appointmentall statutes rela	Box NOT acceptable) 32301 (Zip code) of process for the above stant as registered agent and a ative to the proper and comp	ted corporation at the pare to act in this capacity	icity.	

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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Docusign/Envelope ID: DF00E8CF-8E3E-4C31-AB1B-B9892A8DE6EC

A. DIRECTORS

□Chairman	Name:	David Witsken	□Chairman	Name:	Douglas Curley
□Vice Chairman	Address:	10121 Pineville Distribution St.	□Vice Chairman		10121 Pineville Distribution St.
■ Vice Chairman	Muchess.	Pineville, NC 28134	Director	riditess.	Pineville, NC 28134
□President			■President		
			_		
			□ Vice President		
☐ Secretary		□Treasurer	☐ Secretary		□Treasurer
□Other		□Other	□Other		□Other
□Chairman	Name	Robert J. McDonnell	□Chairman	Name:	Lauren Harju
		10121 Pineville Distribution St.	□Vice Chairman		10121 Pineville Distribution St
Director	reduces.	Pineville, NC 28134	Director		Pineville, NC 28134
□President			□President		
■ Vice President			□ Vice President		
☐ Secretary		□Treasurer	☐ Secretary		Treasurer
□Other		□Other	□()ther		□Other
□Chairman	Name:	Benjamin Butterfield	□Chairman	Name:	
		10121 Pineville Distribution St.	□Vice Chairman		
Director	, , , , , , , , , , , , , , , , , , , ,	Pineville, NC 28134	□Director		
□President			□President		
□Vice President	···		□Vice President		
■ Secretary		□Treasurer	□ Secretary		□Treasurer
Other		□Other	Other		□Other
individualនិក្សានិទ្ធិប្រ	Use an atta Widded to t n Butterf	nehment to report more than six (6). The index when filing your Florida Department	ne attachment will be image partment of State Annual R	ed for repor eport form.	rting purposes only. Non-indexed
12	56C4A2	Signature of Dire	ector or Officer		<u> </u>
The officer or dire she is aware that fi s.817.155, F.S.	ctor signin alse inform	g this document (and who is listed in a ation submitted in a document to the I	number 11 above) affirms th	hat the facts utes a third	s stated herein are true and that he or degree felony as provided for in
13.			Butterfield - Secretary		
	(Typed or printed name and capacity o	f person signing application	1)	



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

UES PROFESSIONAL SOLUTIONS 29, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of May, 2005, 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 7th day of October, 2024.

Elaine J. Marshall

Secretary of State