

F95000004511

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

500001587145  
-09/18/95--01049--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Rogers - American Company of Florida, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious Name

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☐ Photo Copies

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9-18-95

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CR2E031 (1-89)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Rogers-American Company of Florida, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person  
or partnership if not so contained in the name at present.)

2. North Carolina

(State or country under the law of which it is incorporated)

3. APPLIED FOR  
(FEI number, if applicable)

4. September 13, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. Post Office Box 473510, Charlotte, North Carolina 28247-3510

(Current mailing address)

8. Any and all lawful purposes.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of  
Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine  
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Curtis Bryan  
(Registered agent's signature) (Officer)

*Curtis Bryan, Special Asst. Secretary*

Special Asst. Secretary  
(Type Name and Title of Officer)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIR

attached list of directors

A. \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: see attached list of directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: see attached list of directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: see attached list of officers

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Marty L. Carter  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marty L. Carter, Secretary  
(Typed or printed name and capacity of person signing application)

**Rider to Application by Foreign Corporation for  
Authorization to Transact Business in Florida**

**12. Names and addresses of officers and/or directors:**

**Directors:**

Curtis L. Rogers, Sr.  
7315 Pineville-Matthews Road  
Charlotte, N.C. 28247

Douglas Holstein  
7315 Pineville-Matthews Road  
Charlotte, N.C. 28247

**Officers:**

Curtis L. Rogers, Sr.  
Chairman  
7315 Pineville-Matthews Road  
Charlotte, N.C. 28247

Douglas Holstein  
President  
7315 Pineville-Matthews Road  
Charlotte, N.C. 28247

Marty Carter  
Secretary  
7315 Pineville-Matthews Road  
Charlotte, N.C. 28247

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

95 SEP 18 PM 1:00  
SECRET  
DIVISION

## CERTIFICATE OF EXISTENCE

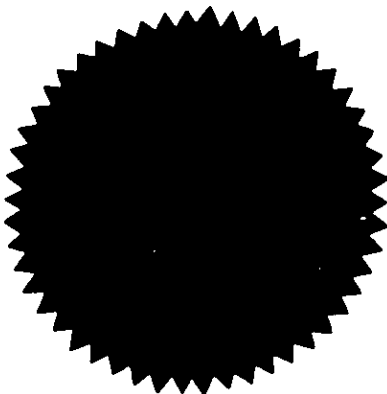
I, **RUFUS L. EDMISTEN**, *Secretary of State of the State of North Carolina*, do hereby certify that

**ROGERS-AMERICAN COMPANY OF FLORIDA, INC.**

*is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of September, 1995, with its period of duration being perpetual.*

I **FURTHER** certify that 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 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.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of September, 1995.



*Rufus L. Edmisten*

Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000004511

Corporation Name

BERS-AMERICAN COMPANY OF FLORIDA, INC.

FILED

96 DEC 24 AM 9:24

SECRET OF STATE  
TALLAH. OF FLORIDA

Place of Business

OFFICE-301-47814  
OFFICE-18-2837-2816

Mailing Address

POST OFFICE BOX 47814  
CHARLOTTE NC 28247-2816

All addresses are incorrect in any way, line through incorrect information and enter correction below.

Principal Office Address, if Applicable

P. BOX 18004

City, St., etc.

5. New Mailing Office Address, if Applicable

P.O. BOX 18004

City, St., etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1995

5. FEI Number

APPLIED FOR  
49-2239247

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
ROGERS, CURTIS L SR	7315 PINEVILLE-MATTHEWS ROAD	CHARLOTTE NC 28247	
HOLSTEIN, DOUGLAS	7315 PINEVILLE-MATTHEWS ROAD	CHARLOTTE NC 28247	
CARTER, MARTY	7315 PINEVILLE-MATTHEWS ROAD	CHARLOTTE NC 28247	
L. C. HICKS, JR	3108 AZEELE STREET	TAMPA, FL 33679	
			800002040538--9
			-12/30/96--01011--019
			****383.75 ****383.75

5. Name and Address of Current Registered Agent

T CORPORATION SYSTEM  
10 SOUTH PINE ISLAND ROAD  
TAMPA FL 33324

6. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City, St., Etc.

City

State

Zip Code

I hereby appoint the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/11/96

Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information  
on intangible tax.)I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing  
this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees  
by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. This information indicated  
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature:

L.C. Hicks Jr

11/12/96

9/3 23/2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #