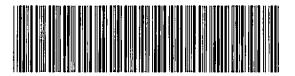
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### **COVER LETTER**

	Registration Section Division of Corporations			
SUBJE	$\tau$ $G$ $C$ $\lambda$	1C .		
O DOL		e of corporation	must include suffix	
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign cate of Existence," or "Certifical ferenced foreign corporation to	ate of Good Stand	ling" and check are subm	
Please r	eturn all correspondence conce	rning this matter	to the following:	
NE	na Padeett			
	J.	Name of P	erson	·
A.	P.Inc.			
	O . \	Firm/Comp	pany	
1015	s Charlotté Ave	. #350	·	
	1 11.11 - 0	Addre	· <del>-</del>	
Boo	<u>ckHill, SC, Z</u>	973Z City/State an		
<u>ot</u>	pagm @yaho	o, com	or future annual report no	
,	E-mail addr	ess: (to be used fo	or future annual report no	otification)
For furt	her information concerning this	matter, please ca	ill:	
NE	natadaett	at (803	<u>, 517-630</u> (	
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite & Tallahassee, FL 32303		MAILING AD Registration Se Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Please m	d is a check for the following a ake check payable to: <b>FLORIDA</b> 00 Filing Fee	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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Automate 2 Prof. † Products Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) State or country under the law of which it is incorporated)

50-2220041

(FEI number, if applicable) 10 -27 - 2 C C 5. (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Office Address: 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.

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.

(Registered agent's signature)

A. DIRECTORS	•	•	
□Chairman	Name: Eula MC Givirs.	□Chairman	Name: TEOGEN GUICE
□Vice Chairman	Address: 2975 Pump Station Rd	□Vice Chairman	Address: 1015 (har otte Ave # 350
□Director	Rock Hill, SC 291730	Director	Book Hill, SC 29732
President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other		□Other	□Other
□Chairman □Vice Chairman □Director	Name: MEnaPadgett  Address: 1015 (har lotte AVE # 350  Pock Hill 50 29732	□Chairman □Vice Chairman □Director	Name:
President		☐ President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Other <u>OFO</u>	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	Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or	of State Annual Re	eport form.
The officer or direct she is aware that far s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departm	11 above) affirms the ment of State constitu	nat the facts stated herein are true and that he or ites a third degree felony as provided for in
13. <u>NENal</u>	Yadok ++ DECK + and capacity of person	n signing application	)

# The State of South Carolina



### Office of Secretary of State Mark Hammond

#### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

A.P.P., INC., a corporation duly organized under the laws of the State of South Carolina on October 27th, 2000, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 11th day of March, 2024.

Mark Hammond, Secretary of State