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| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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JUN 27 2024

DIVISION OF CORPURATION

## 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.

|  | nterprises, Inc.   | <b>;</b>   |  |
|--|--|--|--|
|  | corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")   | "COMPANY." "CORPORATION,"  |  |
| (If name unavail   | able in Florida, enter alternate corporate name  | adopted for the purpose of transacting   | business in Florida)                                       |
| North Carolina   | 3.   |  |  |
| (State or countr   | y under the law of which it is incorporated) 3.  | (FEI number, if appl   | icable)  |
| 01/16/2008   | 5.   |  |  |
| (Date  | of incorporation)  | (Date of duration, if other than perpetual)  |  |
|  |  |  |  |
|  | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15   | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability  | )  |
| 1022 W 1st St., S  | ite. 205, Winston Salem, NC 27101  |  |  |
|  | (Principal offi  | ce <u>street</u> address)  |  |
|  |  |  |  |
|  | (Current mailin  | g address, if different)   |  |
|  |  |  |  |
| Name and street  | et address of Florida registered agent: (P.O   | D. Box NOT acceptable)   | 2<br>3<br>3<br>3   |
| Name:  | Registered Agents Inc.   |  | SECRETA<br>VISION OF                                       |
|  |  | <del></del>  | <b>≔</b> ∺ π   |
| CC 4.1.1   | 7901 4th St N., Ste. 300   |  | 2 9E-  |
| ffice Address:   | 7901 4th St N., Ste. 300   | <del></del>  | FILE<br>FIARY<br>FOR SO                                    |
| ffice Address:   | St. Petersburg   | , Florida <u>33702</u>   | 7 PM   |
| ffice Address:   |  | , Florida 33702 (Zip code)   | 7 PM   |
|  | St. Petersburg   | , Florida  | FILED ETARY OF STATE FOR CORPORATIONS FOR CORPORATIONS     |
| Registered ag  | St. Petersburg  (City)  ent's acceptance:  led as registered agent and to accept service   | , Florida<br>(Zip code)<br>ce of process for the above stated c  | 7 PM 4: 01 corporation at the pla                          |
| Registered age<br>aving been namesignated in this                          | St. Petersburg  (City)  ent's acceptance:  red as registered agent and to accept service application, I hereby accept the appointm   | , Florida<br>(Zip code)<br>ce of process for the above stated c<br>nent as registered agent and agree  | TOP STATE Corporation at the plant to act in this capacity |
| Registered ag<br>laving been nam<br>esignated in this<br>orther agree to c | St. Petersburg  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re | , Florida<br>(Zip code)<br>ce of process for the above stated c<br>nent as registered agent and agree<br>elative to the proper and complete                                      | TOP STATE Corporation at the plant to act in this capacity |
| laving been nam<br>esignated in this<br>urther agree to c                  | St. Petersburg  (City)  ent's acceptance:  red as registered agent and to accept service application, I hereby accept the appointm   | , Florida<br>(Zip code)<br>ce of process for the above stated c<br>nent as registered agent and agree<br>elative to the proper and complete                                      | TOP STATE Corporation at the plant to act in this capacity |
| Registered ag<br>laving been nam<br>esignated in this<br>urther agree to c | St. Petersburg  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re | , Florida<br>(Zip code)<br>ce of process for the above stated c<br>nent as registered agent and agree<br>elative to the proper and complete                                      | TOP STATE Corporation at the plant to act in this capacity |
| Registered ag<br>laving been nam<br>esignated in this<br>urther agree to c | St. Petersburg  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re | Tip code, Florida (Zip code)  (Zip code)  ce of process for the above stated conent as registered agent and agree elative to the proper and complete sition as registered agent. | TOP STATE Corporation at the plant to act in this capacity |

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

under the law of which it is incorporated.

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

| A. DIRECTORS  |                     |                 |            |  |  |  |
|---|---------------------|-----------------|------------|--|--|--|
| Chairman  | Name:               | □Chairman       | Name:      |  |  |  |
| □Vice Chairman  | Address:Hege Rd.    | □Vice Chairman  | Address:   |  |  |  |
| Director  | Lexington, NC 27295 | □Director       | <u> </u>   |  |  |  |
| President   |                     | □President      |            |  |  |  |
| □Vice President   |                     | □Vice President |            |  |  |  |
| Secretary   | <b>■</b> Treasurer  | □Secretary      | □Treasurer |  |  |  |
| Other   | Other               | □Other          | Other      |  |  |  |
|   |                     |                 |            |  |  |  |
| □Chairman   | Name:               | □Chairman       | Name:      |  |  |  |
| □Vice Chairman  | Address:            | ☐ Vice Chairman | Address:   |  |  |  |
| □Director   |                     | □Director       |            |  |  |  |
| □President  | <del></del>         | □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          | 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. 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. |                     |                 |            |  |  |  |



## 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

## PRINT EXPRESS ENTERPRISES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of January, 2008, 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 11th day of June, 2024.

Elaine J. Marshall

Secretary of State