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(Requ	uestor's Name)	<u> </u>
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DIVISION OF CORPORATION

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### **COVER LETTER**

TO: New Filing Section Division of Corporations		
Desch Conti	MS. TAC.	
SUBJECT: TYOT (1715) COST		<del></del>
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submitted to register th	
Please return all correspondence concerning this matter to	the following:	
Stari St	dor	
Stacy Str. Name of Pers	son	
trofinish (	Coatings, Inc.	
Firm/Compan		<del> </del>
15 E. Doris A	We	
Address		
Tacksonville	NC 28540	
City/State and Z	Lip code	
Stacy Studer @ 1 E-mail address: (to be used for 1	profinish-nc.con uture annual report notification)	
For further information concerning this matter, please call:		
Stacy Studer at (910) Name of Person Area Code	938-9348 e & Daytime Telephone Number	ي الالان <b>13</b>
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	SICN OF CORPORATION  JUN 20 PH 2: 20
Enclosed is a check for the following amount:	/	ŝ
	78.75 Filing Fee & S87.50 Filing ertified Copy Certificate of Certified Cop	Status &

### 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. Profinish Coatings Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. North Carolina 3. 90-0794960 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Feb 15, 2012 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty fiability) lacksonvilla NC 15 E. Poris Ave Jacksonville NC 28540
(Current mailing address) 4977 Cleveland Ave se(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorp Services, Inc. Name: 17888 67th Court North Office Address: coxahatchee . Florida 33470 (Zip code) 10. 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.

(Registered agent's signature)

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 business addresses of officers and/or directors:  A. DIRECTORS N A	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Chairman:	4.00
Address:	
Vice Chairman:	
Address:	
	- Company of the Comp
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Davin Carroll	- That t VI <sub>2</sub> are an incident
Address: 1034 Kingston Grove Drive	
Cary, NC 27519	
Vice President: Kegina Carroll	
Address: 1034 Kingston Grove Drive	
Secretary: Darin Carfoll	
Address: 1034 Kingston Grove Drive	Cary NC 27519
Treasurer:	
Address:	
	11.00
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.

Typed or printed name and capacity of person signing application)

Typed or printed name and capacity of person signing application)

a third degree felony as provided for in \$ 817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes



## 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

### PROFINISH COATINGS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of February, 2012, 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.

SECRETARY OF STATE DIVISION OF CORPORATIONS

DEPARTMENT OF THE PARTMENT OF



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of June, 2013.

Elaine I. Marshall

Secretary of State

Certification# 94277617-1 Reference# 11569408- Page: I of I Verify this certificate online at www.secretary.state.nc.us/verification