State of North Carolina
Department of the Secretary of State

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR NONPROFIT CORPORATION

Pursuant to §55A-15-03 of the General Statutes of North Carolina, the undersigned corporation hereby applies for a Certificate of Authority to conduct affairs in the State of North Carolina, and for that purpose submits the following:

1. The name of the corporation is WXYZ Services, Inc.

   and if that name is unavailable for use in the State of North Carolina, the name the corporation wishes to use is: WXYZ Services, Inc.

2. The state or country under whose laws the corporation was organized is: North Carolina

3. The date of incorporation was 01/01/2011 ; its period of duration is: PERPETUAL

4. The street address of the principal office of the corporation is:

   Number and Street 1234 Main Street

   City, State, Zip Code Charlotte, NC 28201

5. The mailing address ***if different from the street address*** of the principal office of the corporation is:

   _____

6. The street address and county of the registered office in the State of North Carolina is:

   Number and Street 1234 Main Street

   City, State, Zip Code Charlotte, NC 28201 County: Mecklenburg

7. The mailing address ***if different from the street address*** of the registered office in the State of North Carolina is:

   _____

8. The name of the registered agent in the State of North Carolina is: John Doe

9. The names and usual business addresses of the current officers of the corporation are:

Name	Title	Business Address
John Doe, President, 1234 Main Street, Charlotte, NC 28201		
Gail Doe, Vice President, 1234 Main Street, Charlotte, NC 28201		

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10. (*Check one of the following.*)
    a. ___✔___The corporation has members.
    b. _____The corporation does not have members.

11. Attached is a certificate of existence (or document of similar import), duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of incorporation.

12. If the corporation is required to use a fictitious name in order to conduct affairs in this State, a copy of the resolution of its board of directors, certified by its secretary, adopting the fictitious name is attached.

13. This application will be effective upon filing, unless a date and/or time is specified:_____

This the _____ day of _____ , 20_____

WXYZ Services, Inc.
Name of Corporation

_____
Signature

John Doe, President
Type or Print Name and Title

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Notes:

1. Filing fee is $125. This document and one exact or conformed copy of this application must be filed with the Secretary of State.