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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 067484 7357432

AUTHORIZATION :

COST LIMIT :

Spudolena

~~\$ 0000 0000~~

Pre paid by

25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 11 37

ORDER DATE : January 20, 2012

ORDER TIME : 12:53 PM

ORDER NO. : 067484-005

CUSTOMER NO: 7357432

REINSTATEMENT

NAME: SOUTH ATLANTIC, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS _____

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing Members of South Atlantic, LLC
(Name of Limited Liability Company)

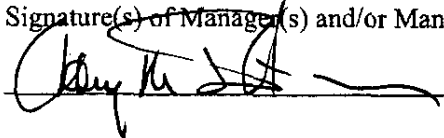
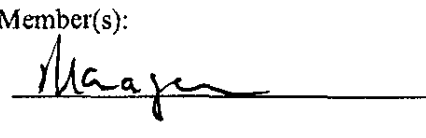
a limited liability company duly organized and existing under the laws of North Carolina
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 608.406, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

South Atlantic Manufacturing, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: January 9, 2012

Signature(s) of Manager(s) and/or Managing Member(s):

	
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

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