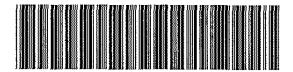
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(Re	questor's Name)	
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(Bu	siness Entity Nam	e)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: RESPEC, LLC	
	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Michael A. Kubica	
(Nar	ne of Person)
RESPEC, LLC	
(Fin	m/Company) 25 06 0CT
1529 Greenville Highwa	y
	M/Company)  SECRETARY OF STATE TALLARDAY OF STATE FLORIDA  (Address)
Hendersonville, NC 287	92 - PRIDA
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ise call:
Michael A. (Mike) Kubica	at ( 828 ) 674-3479
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsiz\$ \$\square\$\$\$\$\$\$125.00 Filing Fee & Certificate of \$\exists\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RESPEC, LLC
(Name of Foreign Limited Liability Company)
2. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. January 20, 2006 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. No business transacted in Florida  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1529 Greenville Highway
Hendersonville, NC 28792
(Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here   9. The name and usual business addresses of the managing members or managers are as follows:  Michael A. Kubica - 1527 Greenville Hwy, Suite 2, Hendersonville, NC 28792
9. The name and usual business addresses of the managing members or managers are as follows: 💍 👱
Michael A. Kubica - 1527 Greenville Hwy, Suite 2, Hendersonville, NC 28792
Meredith Gray Austin - 1527 Greenville Hwy, Suite 2, Hendersonville, NC 28792
William R. Austin - 1529 Greenville Hwy, Hendersonville, NC 28792
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Brokerage
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Michael A. Kubica

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	f the Limited Liability Com	pany is:	
RESPEC,	LLC	· · · · · · · · · · · · · · · · · · ·	
2. The name a	nd the Florida street address	s of the registered agent and office are:	
	Jesse W. Varnell		
		(Name)	SEC8:
11980 N. W. 26th Street		35 -	
	Florida Street Ac	idress (P.O. Box NOT ACCEPTABLE)	
	Plantation,	FL 33323	OF STATI
	· · · · · · · · · · · · · · · · · · ·	City/State/Zip	_ ≱ <sup>m</sup> ∞
liability comparagent and agree relating to the p	ny at the place designated in e to act in this capacity. I fu proper and complete perform	I to accept service of process for the above this certificate, I hereby accept the appoin rther agree to comply with the provisions of nance of my duties, and I am familiar with o nt as provided for in Chapter 608, Florida	ntment as registered of all statutes and accept the
•			

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 5.00

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)



## NORTH CAROLINA Department of The Secretary of State

## **CERTIFICATE OF EXISTENCE**(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### RESPEC, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of January, 2006, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of September, 2006.

Secretary of State

6 laine I. Marshall