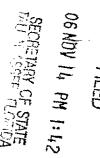
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
		IN I
	Office Use Only	



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Allied Flooring Florida, LLC (Name of Limit	ed Liability Company)
	ility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	tter to the following:
Catherine A. Barnes	
(Nam	ne of Person)
James McElroy & Diehl, PA	
(Firm	n/Company)
600 South College Street	- Di
(4	Address)
Charlotte, NC 28202	Address) Re and Zip Code)
(City/Stat	te and Zip Code)
For further information concerning this matter, please	se call:
Catherine A. Barnes	at (704) 372-9870
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \$\sum_{130.00}\$ \text{Filing Fee & Certificate of S}\$	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Allied Flooring Florida, LLC		
(Name of Foreign Limited Liability Company)	• =	1
2. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-5823255 (FEI number, if applicable)	-	4. ·
4. November 2, 2006 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")		,
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	24 A	•
7. 3013 Bank Street, Charlotte, NC 28203		
(Street Address of Principal Office)	-	
8. If limited liability company is a manager-managed company, check here	06	-
9. The name and usual business addresses of the managing members or managers are as follows:	06 NOV	. `
Joel E. Martin, Jr., 3013 Bank Street, Charlotte, NC 28203	1	<u></u>
111	PH	H
		<u> </u>
	£.	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco 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 cath of the translator must be submitted.)	rds in	i i i i i i i i i i i i i i i i i i i
11. Nature of business or purposes to be conducted or promoted in Florida: Flooring installation	-	ie v
Vian.		
Signature of a member of an authorized representative of a member. (In accordance with section 608, 108(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	P i i j	zr. =-
Joel E. Martin, Jr.		_
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 of the Limited Liability Company is:	

2. The name and the Florida street address of the registered agent and office are:

Shelton Merrill	
	(Name)
715 C North Drive	
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
Melbourne	_{FL} 32940
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited "liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature

Allied Flooring Florida, LLC

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 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

ALLIED FLOORING FLORIDA, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 2nd day of November, 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 3rd day of November, 2006.

Secretary of State

Elaine I. Marshall

Certification# 86104699-1 Reference# 8395939-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification